



NORFOLK COUNTY COUNCIL

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# **Annual Report**

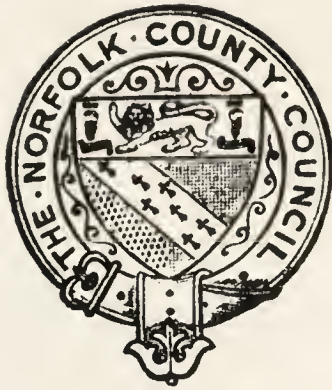
of the

COUNTY MEDICAL OFFICER  
FOR 1958

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COUNTY MEDICAL OFFICER  
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# CONTENTS

	Page
PREFACE ... ..	4
THE FIRST TEN YEARS OF THE NATIONAL HEALTH SERVICE ...	7
PUBLIC HEALTH STAFF ... ..	14
STATISTICS AND SOCIAL CONDITIONS OF THE ADMINISTRATIVE COUNTY—	
Live Births ... ..	17
Still-Births ... ..	17
Infantile Mortality ... ..	17
Maternal Mortality ... ..	18
Deaths ... ..	18
CARE OF MOTHERS AND YOUNG CHILDREN—	
Maternity Accommodation ... ..	19
Unmarried Mothers ... ..	19
Care of Premature Infants ... ..	19
Ante-Natal and Post-Natal Arrangements ... ..	19
Infant Welfare Centres ... ..	20
Provision of Welfare Foods and Medicaments ... ..	20
Dental Treatment ... ..	21
Nurseries and Child Minders' Regulation Act, 1948 ... ..	21
Family Planning ... ..	22
NURSING SERVICES ... ..	22
MIDWIFERY	
Practising Midwives ... ..	23
Emergency Medical Aid ... ..	23
Confinements ... ..	24
Analgesia ... ..	24
Resuscitation ... ..	24
Ophthalmia Neonatorum ... ..	24
Puerperal Pyrexia ... ..	24
HEALTH VISITING ... ..	25
HOME NURSING ... ..	25
VACCINATION AND IMMUNISATION—	
Vaccination against Smallpox ... ..	26
Immunisation against Diphtheria, Whooping Cough and Tetanus ... ..	26
Vaccination against Poliomyelitis ... ..	27
AMBULANCE SERVICE—	
Ambulances ... ..	27
Car Service ... ..	28
PREVENTION OF ILLNESS, CARE AND AFTER-CARE—	
Tuberculosis ... ..	28
Accidents in the Home ... ..	31
Venereal Disease ... ..	32
Provision of Nursing Equipment ... ..	33
Recuperative Homes ... ..	33
HOME HELP SERVICE ... ..	33
MENTAL HEALTH—	
Administration ... ..	36
Account of work undertaken in the Community ... ..	37
Statistics ... ..	42

	Page
NATIONAL ASSISTANCE ACT, 1948—	
Welfare of the Blind ... ..	45
Welfare of the Partially Sighted ... ..	48
Welfare of the Deaf, Dumb and Hard of Hearing ... ..	48
Welfare of the Physically Handicapped—General Classes ... ..	49
INFECTIOUS AND OTHER DISEASES ... ..	49
ENVIRONMENTAL HYGIENE—	
Water Supplies and Sewerage ... ..	51
Milk and Dairies ... ..	53
Ice Cream ... ..	56
Housing and Sanitary Complaints ... ..	57
New Housing ... ..	57
Infant Methæmoglobinæmia ... ..	58
Food Inspection ... ..	58
Diseases of Animals (Waste Foods) Order, 1957 ... ..	58
MISCELLANEOUS—	
Registration of Nursing Homes ... ..	58
Laboratory Facilities ... ..	58
Medical Examinations ... ..	59

## PREFACE

1958 was a period of continued growth and development in the Council's health services. During the year, the National Health Service completed its first 10 years and, at the request of the Minister of Health, a review of that period has been included in this report.

On the whole, the statistics for 1958 are more encouraging than those of the previous year or, in fact, of a number of years.

The population of the administrative county increased by 3,700, the increase being proportionately greater in the rural districts than in the municipal boroughs and urban districts. This figure, it may be noted, approximates to the average annual increment of the last 10 years.

The birth rate of 15.50 per 1,000 of the estimated population was 0.11 higher than the year before and the highest since 1953.

The still-birth rate, which has not decreased over the last decade to the extent which could be hoped for, does show a reduction on the 1957 figure and, at 18.95 per 1,000 total births, equalled the lowest previously recorded rate, which was in 1947.

Although the infant mortality rate did not reach the 1956 low record of 18.06 per 1,000 live births, the rate of 18.81 showed a reduction of 3.71 on the 1957 figure.

Only one death was registered as being due to pregnancy, childbirth or abortion.

The death rate as a whole was again slightly lower than the previous year and 51% of the deaths were of persons 75 years of age or over. In the absence of epidemic infectious disease with a high mortality rate, the death rate is not likely to vary much from one year to another and the main causes remain heart disease, cancer, vascular lesions of the nervous system and respiratory diseases, in that order.

The number of deaths attributed to all forms of cancer was 16% of all causes and, although showing a reduction from the previous year, the position cannot be said to have improved in this respect during the last 10 years, and the proportion of lung cancer deaths has definitely increased during that period.

The majority of Norfolk mothers (about 60%) have their babies at home. In this matter, Norfolk leads all the English counties and in 1957 there were only two county boroughs (one of them being Gt. Yarmouth) with a higher proportion of home confinements.

In April, at the request of the Norfolk County Nursing Association, the County Council became directly responsible for the nursing services hitherto provided by the Association acting as the Council's agent.

Local district nursing associations had been responsible for a number of voluntary weighing centres and, when the agreement with the County Nursing Association was terminated, most of these centres were taken over and incorporated in the Council's infant welfare centre scheme.

The difficulty of making permanent appointments to fill vacancies for district nurses and midwives has continued but it has usually been possible to secure the services of temporary relief staff or to cover the districts with the help of staff in neighbouring areas.

The dental service for the priority classes remained at a low ebb because of the shortage of staff and the Chief Dental Officer, in his report, draws attention to the fact that patients entitled to free dentures through the local



health authority's service have to pay a contribution towards such treatment if they obtain it through dental practitioners who provide general dental services under Part IV of the National Health Service Act.

The number of children under one year of age who were vaccinated against smallpox showed a slight increase and represented approximately 46% of that age group. There was a fall in the number of children of all ages immunised against diphtheria, due, in the main, to concentration of attention on the poliomyelitis vaccination campaign. An increasing number of children are now being given protection against diphtheria, whooping cough and tetanus, by using a triple antigen. The latter disease, although not common, is more frequently met with in East Anglia than in other parts of the country and, in view of its serious consequences, the Council decided towards the end of 1957 to include tetanus prophylaxis in its proposals under vaccination and immunisation.

In September, the Minister of Health advised local health authorities to extend their schemes for vaccination against poliomyelitis by the inclusion of young persons born in the years 1933 to 1942 inclusive and also by the giving of a third injection to reinforce and prolong the degree of immunity. After consultation with the Local Medical Committee, it was agreed that those in the additional age group should be dealt with, in the main, by general practitioners.

B.C.G. vaccination against tuberculosis was given to Mantoux negative children at the age of 13 years and to persons of various ages who were contacts of the disease. The number of new cases of pulmonary tuberculosis notified during the year again showed a reduction on the previous year but the number of deaths rose from 16 to 23.

More patients were conveyed by ambulances and sitting case cars in 1958 than in any previous year although the mileage was less than in some. There is no doubt that radio control has greatly added to the efficiency of the service.

A conference of representatives of the Norfolk, Norwich and Gt. Yarmouth local health authorities, county district councils and voluntary organisations, with technical officers of the Gas and Electricity Boards and the Norfolk Fire Service in attendance, was held to discuss accidents in the home. It was also decided to co-operate with the Fire Service in publishing a Fire Prevention and Home Safety Handbook and much effort has been made, both by the Council's staff and the voluntary bodies, to publicise the facts with a view to reducing the number of home accidents. Of particular interest in this connection is the reduction by one-third in the number of home accidents treated at the Jenny Lind Hospital in 1958 as compared with 1957, and by one-sixth in the number treated at the Norfolk and Norwich Hospital.

The home help service continues to minister mainly to the needs of the elderly. Problem families make special demands upon the service and a three-day course was organised for the purpose of training selected home helps who could be called upon for work with such families.

The outstanding item of interest in connection with the mental health service was the publication of the Mental Health Bill, following the report of the Royal Commission on the Law relating to Mental Illness and Mental Deficiency. The Bill makes provision for a considerable extension of the domiciliary services provided by local health authorities. In the meantime, the Council accepted a tender for the erection of a new occupation centre at

Attleborough, decided to secure a site for the erection of another centre in North Norfolk and to build an additional classroom at the existing Sprowston Centre.

A third home teacher of the mentally handicapped commenced duty in September. As a result, it became possible for the day occupation centres to be held weekly instead of fortnightly as previously.

The Norfolk and Norwich Society for Mentally Handicapped Children opened an Industrial Centre in Norwich in premises converted for this purpose and the Council co-operated by guaranteeing, in association with the Norwich City Council, a grant of £1,000 per annum and by contributing towards the cost of meals.

A further development was the establishment of a psychiatric social club at King's Lynn and this meets once a fortnight.

The number of home teachers of the blind was increased from 5 to 6 but this additional appointment still leaves the average case load much higher than that recommended for rural areas by the Ministry of Health.

The number of cases of infectious disease notified was the smallest of any of the last 10 years. Only 96 cases of whooping cough were notified, the lowest number since this disease became notifiable in 1939. There were only 6 confirmed cases of poliomyelitis, the lowest incidence since 1946.

Many have contributed towards the satisfactory progress made during 1958. I am very grateful to the members of my own staff, particularly to those who have had a rather harassing time in connection with the poliomyelitis campaign. The voluntary organisations have also afforded their willing and invaluable co-operation in so many varied ways. I would also place on record my appreciation of the continued support of the Health Committee.

K. F. ALFORD.

Public Health Department,  
29, Thorpe Road,  
Norwich.

August, 1959.



## THE FIRST TEN YEARS OF THE NATIONAL HEALTH SERVICE

The completion of 10 years' operation of the National Health Service Act, which became effective on 5th July, 1948, is an appropriate occasion on which to review the development of the services which became the responsibility of the local health authority, and the following survey has been prepared at the request of the Minister of Health.

### CARE OF MOTHERS AND YOUNG CHILDREN

#### ANTE-NATAL AND POST-NATAL CARE

Prior to the appointed day, the Council did not provide ante-natal or post-natal clinics directly and there was only one post-natal clinic organised by a voluntary body at which a very small number of examinations was carried out. The Council, however, was administering a scheme which had been operating since 1937, whereby cases booked by midwives could be examined ante-natally and post-natally by general medical practitioners. When these services were made available free of charge as part of the general medical services provided under Part IV of the National Health Service Act, 1946, the numbers dealt with through the Council's scheme dropped immediately and, although this scheme has been continued, the number of cases has declined from 1,284 (1,180 ante-natal and 104 post-natal) in 1947 to 10 (7 ante-natal and 3 post-natal) in 1958. There appears to be no need for the provision of ante-natal and post-natal clinics in this county by the local health authority in view of the facilities available through the general practitioner obstetricians and the hospitals. Mothercraft classes were, however, established in 1956 and were being held at 18 centres at the end of 1958. These classes include the teaching of relaxation and breathing exercises and talks are given on diet, hygiene of pregnancy and physiology of labour.

#### MATERNITY ACCOMMODATION

During the last 10 years there has been an increasing demand over the country as a whole for confinements in hospital. This, of course, adds to the problems of the hospital service in providing the necessary accommodation and staff at a time when there are increasing demands on both from so many other directions. It would seem desirable, therefore, that every endeavour should be made to encourage home confinements unless there are contra-indications on medical or sociological grounds, and such an attitude has been adopted in Norfolk. The recently published report of the Maternity Services Committee includes numbers of births in institutions for each of three years (1950, 1953 and 1957), and Norfolk's percentages in 1950 and 1957 were the lowest of all English counties and the lowest but one in 1953. The report suggests that there should be sufficient hospital maternity beds to provide for a national average of 70% of all births but, when it is realised that only approximately 40% of Norfolk mothers were confined in hospitals in 1958, such provision would appear to be excessive.

#### INFANT WELFARE CENTRES

In 1948, the County Council had 38 infant welfare centres and there were a number of weighing centres administered by voluntary bodies. In 1949, the Council tried the experiment of arranging transport to and from the existing centres but this was discontinued as being too costly and because of difficulties in administering such a scheme. It was then decided to establish what were called "village" infant welfare centres which met monthly with the local health visitor, who usually combines her duties with midwifery and home



nursing, in attendance and a medical officer visiting occasionally. In 1958, there were 163 centres (including those formerly known as "village" centres), most of which met once a month. A medical officer attends regularly those centres with an average attendance of 25 or over, but where the number is less, the attendance is at his discretion. The only voluntary centres now operating are 7 centres for Service personnel at R.A.F. Stations.

#### WELFARE FOODS AND MEDICAMENTS

Proprietary brands of welfare foods at cost price, and medicaments free of charge when considered necessary on medical grounds, have been available at welfare centres throughout the period. In July, 1954, the Ministry of Food scheme for the supply of national dried milk, cod liver oil, orange juice and vitamin tablets, was transferred to local health authorities and, with the aid of voluntary distributors, this scheme has been administered side by side with the Council's scheme. During the last two years there has been a considerable increase in the sales of proprietary brands of milk foods, with a corresponding decrease in the sale of national dried milk, due to the increased cost of the latter to the mothers.

#### UNMARRIED MOTHERS

Grants have been made to the Norwich and Ely Diocesan Councils for Moral Welfare towards their general administrative expenses and the employment of moral welfare workers. The number of unmarried mothers for whom the Council is asked to accept financial responsibility for care and training in hostels has remained fairly constant at an average of 45 per annum.

#### DENTAL TREATMENT

A review of the dental treatment provided for expectant and nursing mothers and pre-school children is a very disappointing story, and no real progress has been made. With 5,500—6,000 births per annum, the number of mothers treated has never exceeded 300 nor the number of children 200. At the present time there is no likelihood of improvement owing to the acute national shortage of dentists prepared to work in the local government service, and one wonders what the eventual outcome will be.

#### MIDWIFERY

For the first five years of the period, the number of institutional confinements more than doubled, but during the last five years admissions declined by one third.

With regard to domiciliary confinements, during the first three years of the period, attendances by doctors fell considerably but subsequently showed little change.

In this county, midwifery duties are usually combined with those of district nurse and often of health visitor in addition, as this appears to be the most satisfactory arrangement in rural areas.

#### HEALTH VISITING

Immediately prior to July, 1948, most of the health visiting work was carried out by staff employed by the Norfolk Nursing Federation and unaffiliated district nursing associations, who also undertook midwifery and home nursing duties. The only whole-time health visitors, apart from the two tuberculosis health visitors, were two employed directly by the Council. The original intention was to provide a health visiting service in combination with school health and tuberculosis visiting, through the employment of qualified



staff employed whole-time for that purpose. That policy has been abandoned in recent years so far as it applies to the rural areas, and every endeavour is now made to recruit nurses with Queen's training and the health visitors' certificate for combined duties as midwife, home nurse and health visitor, which may or may not include school nursing. Six staff undertake school nursing duties only as they are not qualified health visitors but, as and when they retire, they will be replaced by qualified staff, so that eventually all school nursing duties will be combined with health visiting. It is intended, however, that the visiting of tuberculous cases should continue to be undertaken by staff specially appointed for that purpose.

Although the number of unqualified staff granted permission by the Ministry of Health under the National Health Service (Qualifications of Health Visitors and Tuberculosis Visitors) Regulations, 1948, to undertake health visiting duties has decreased considerably, 46 nurses were so employed at the end of 1958. The Council offers scholarships each year to enable suitable nurses to take the health visitors' training course, but a considerable number of unqualified staff are now too old to take the course or are precluded from doing so because of family responsibilities.

The Council is of the opinion that qualified health visitors who also undertake midwifery and home nursing duties should be paid a salary not less than that of a whole-time health visitor, and representations to this effect have been made to the County Councils Association and to the Nurses and Midwives Whitley Council.

## HOME NURSING

It has already been indicated that home nursing duties are usually combined with midwifery duties and very often with health visiting work. In this way the district which each nurse has to cover has been kept fairly compact and travelling reduced to a minimum, and liaison with the local doctors is facilitated.

## VACCINATION AND IMMUNISATION

Vaccination against smallpox is left almost entirely to the general medical practitioners but the Council has been responsible for continuous propaganda, including arrangements, with the approval of the Registrar General, for the distribution of a leaflet to parents when registering the births of their children. It is encouraging to note that the number of children protected against smallpox during the first year of life has risen fairly steadily throughout the 10 year period; the 1958 figure was nearly double that for 1950 and represented 46% of live births during the year ended 30th June, 1958.

Until the beginning of 1956, when plans for the vaccination of children against poliomyelitis were announced, the efforts of the Council's staff were largely concentrated, so far as this section of the National Health Service Act was concerned, on the immunisation of children against diphtheria and, at the end of 1955, 54% of all children up to the age of 15 years were fully protected. The corresponding figure for 1958 was slightly less than 42%, due to pre-occupation with the poliomyelitis vaccination campaign. It is important, however, that immunisation against diphtheria should not be allowed to recede permanently into the background and the necessity of renewed efforts to maintain a high immunisation rate is fully recognised.

In 1953, vaccination against whooping cough was included in the Council's vaccination and immunisation arrangements. The vaccine is available singly, in combination with diphtheria or tetanus toxoids or as a triple antigen. The issue of combined prophylactics has, however, been confined to the months



of October to March inclusive, as their use during the period when poliomyelitis is prevalent may provoke the paralytic form of the disease.

Since the beginning of 1956, vaccination against poliomyelitis has occupied much of the time and energy of the county health staff. Many difficulties were encountered, mainly due to shortages of the necessary vaccine. There is no doubt, however, that the scheme has been favourably received by the public and an excellent response was forthcoming from the parents of eligible children. The national response from those in the 16—25 age group was very disappointing although events since the end of 1958 have altered the position.

Although cases of tetanus occur infrequently in the country as a whole, they are more common in East Anglia than elsewhere. Consequently, the Council decided in 1957 to make tetanus inoculation available.

## AMBULANCE SERVICE

The arrangements made in 1948 for an ambulance service to be provided by the St. John Ambulance Brigade and British Red Cross Society on behalf of the Council, have continued throughout the period. Originally, the conveyance of cases of infectious disease was excluded but in 1953 the voluntary organisations also accepted responsibility for this work. The use of ambulances increased steadily until 1955, since when the demand seems to have levelled out at about 1,000 patients per month and a monthly mileage of 24,000—25,000.

The St. John Ambulance Brigade and British Red Cross Society, in association with the Women's Voluntary Services, are also responsible for a car service which is organised on the basis of volunteers using their own cars for which they are paid a mileage allowance. Apart from 1951, there was an annual increase in the number of patients conveyed until 1957, when there was a reduction due to the Suez crisis and the consequent restrictions on the use of petrol. In 1958, however, the number of patients conveyed was the highest of any year, although the mileage was lower than in some.

There is no doubt that the present arrangements for the use of ambulances and cars, based as they are on so much voluntary help, are much cheaper than directly provided services would be and the Council is quite satisfied as to their efficiency. Every endeavour is made to ensure that the conveyance of patients is limited to those who, for medical reasons, are unable to travel by public transport.

In 1957, the ambulances were equipped with radio control at the Council's expense and, although this did not result in any large financial saving, it did increase the efficiency of the service.

When long distance removals are involved, travel by train with the use of ambulances at both ends of the journey is resorted to, if this is at all practicable.

## PREVENTION OF ILLNESS, CARE AND AFTER-CARE

The Council has entered into arrangements with the East Anglian Regional Hospital Board for the joint use of the services of the two consultant chest physicians covering the administrative county and contributes 2/11ths of their salaries, travelling expenses, etc. The Council employs two whole-time tuberculosis health visitors and they attend the chest physicians' clinics.

The numbers of new cases of pulmonary tuberculosis notified during the years 1948—1952 inclusive, showed very little variation (the figures for the first and last years of that period were the same, viz. 239). In 1953, the figure dropped to 170 and since then it has declined steadily to 112 in 1958. This



has happened in spite of wider ascertainment by such means as the Mass Radiography Unit and X-ray facilities for general practitioners. In the period 1948—1953 inclusive, the number of deaths from pulmonary tuberculosis dropped from 103 to 24. In 1954, the figure rose to 34, dropped steadily to 16 in 1957 but rose to 23 in 1958. The main problem is the ascertainment of the unknown cases in the community who form a reservoir of infection for those with whom they come into contact.

B.C.G. vaccination of Mantoux negative contacts of infectious cases of tuberculosis was started in 1950 and was extended the following year to include school leavers in one part of the county. In 1955, further schools were included and, in 1957, the scheme was extended to cover all school leavers.

Arrangements have been made for a number of years for the chest X-ray examination of staff coming into close contact with children, both on appointment and periodically thereafter. Unfortunately, however, these arrangements do not apply to teachers except when they are about to enter the teaching profession. Candidates for admission to teachers' training colleges are, however, X-rayed before acceptance.

The Council has entered into arrangements with the St. John Ambulance Brigade and British Red Cross Society for the loan of sick room equipment through local depots. Major items are purchased by the Council and loaned to patients and adaptations are made in the homes of the handicapped to assist them to overcome their disabilities.

Since 1951, the Council has been prepared to accept responsibility for periods of recuperative convalescence at homes administered by voluntary organisations.

## HOME HELP SERVICE

Prior to July, 1948, the Council had a scheme whereby contributions were made towards the cost of home helps in maternity cases only. During the first full year after that date, one-third of the total number of cases for which home helps were provided were maternity cases, but the proportion dropped to 10% by the end of 1958, mainly owing to the decision of the Council to increase the contributions required in such cases, by including the maternity attendance allowance pro-rata to the amount of service provided.

It was soon realised that the employment of "occasional" home helps would provide a far more satisfactory and economical service than the widespread use of whole-time or regular part-time staff with a guaranteed weekly wage, and the numbers in the last two categories have been reduced from 45 and 43 respectively in 1949 to 1 and 8 in 1958.

In view of increasing costs, the Council has, on two occasions, decided to limit the service by fixing a maximum number of hours per week for the various types of case for which a home help can be provided without special approval, and by restricting it to necessitous cases only. It also decided that where the need could be met by an allowance by the National Assistance Board, such cases should be referred to the Board. It has also been agreed with the Board that a minimum contribution of 10/- per week should be charged in all cases, except in special circumstances, unless the cost of the service provided is less than that amount.

The proportion of hours of service provided for the sick and the aged has steadily increased over the years and for the last three years has been approximately 89% of the total hours provided for all categories. The service is undoubtedly an economic one in that, by enabling such persons to remain



in their own homes, the vastly greater expense of maintenance in hospital, county home or hostel is avoided.

## MENTAL HEALTH SERVICE

The first 10 years of the National Health Service Act have seen a marked increase in the provisions made for mentally handicapped persons and a good deal of pioneer work in the training of mental defectives has been undertaken in this county. The following points are worthy of mention :—

### MENTAL DEFICIENCY

#### (i) *Training*

In 1948 there were no occupation centres, but two have been in full-time operation for the past nine years and 80 children were receiving full-time training at the end of 1958. Two additional occupation centres have been approved in principle for North and South Norfolk and, when completed, will provide training facilities for 90% of suitable children in the county.

During the 10 years, the Council has developed a scheme for occasional day centres under home teachers. The first home teacher was appointed in October, 1950, and three are now employed. Groups of children are collected at various points and given one day's training a fortnight. This, although inadequate in many respects, has shown how much benefit the children can derive even from occasional training and has helped to bring about the provision of additional full-time centres. Because of the lack of accommodation, it has been necessary to limit attendance at full-time centres to children under 18 years of age, but the home teachers, in addition to organising the day centres for children, also undertake the instruction of adult defectives in their own homes and, at the end of 1958, 98 adult defectives in the county were receiving instruction in handicrafts. A further development in the training of adults was the opening by the Norfolk and Norwich Society for Mentally Handicapped Children of an industrial centre in January, 1958, which is being supported jointly by the Norwich Authority and the County Council. This centre will, no doubt, be the forerunner of others.

#### (ii) *Hospital Accommodation*

One of the major difficulties in the past 10 years has been the shortage of accommodation for mental defectives, particularly for low-grades. The Regional Hospital Board has made every effort to meet the situation and has provided new accommodation at Little Plumstead Hospital. The provision, however, has not met the demand and many acute problems have arisen because of our inability to obtain permanent hospital beds. To meet the position, a scheme was pioneered providing for temporary care in Little Plumstead Mental Deficiency Hospital and we have been greatly indebted to Dr. J. V. Morris, the Medical Superintendent, for his great help in this and other schemes. Temporary provision of this nature was subsequently recognised by the Ministry of Health who, in 1952, issued a circular encouraging provision of such care. Following the circular, the Council adopted a scheme under Section 28 of the National Health Service Act for the temporary admission of cases to private accommodation when there are no vacancies in Regional Hospital Board establishments.

A new and interesting development in the Council's service to meet the needs of low-grade children, was the introduction of a scheme providing for home attendants without cost to the parents. This service commenced in 1955 and is designed to provide assistance in the home on one or two afternoons each week to enable the mother to go out shopping, or to attend to other



personal matters. This scheme and the temporary treatment scheme have been the means of alleviating very great hardship and domestic problems occasioned by the shortage of accommodation.

## MENTAL ILLNESS

The outstanding development since 1948 has been the continued reduction in the number of certified cases admitted to mental hospitals, and the increase in voluntary patients. In 1948, 150 certified patients were admitted, but the figure was down to 78 in 1958, whilst voluntary patient admissions increased from 302 to 901 during the same period.

The other major development has been the provision of an after-care scheme which was formally adopted by the Council in 1948. It is of interest to note that, in 1958, 468 new cases were referred by mental hospitals for after-care, and some 2,286 visits were made by the Council's officers. A very close liaison with the mental hospitals has been developed in the 10 years under review, and the Council's field staff are recognised by the medical superintendents as part of their team, undertaking the major part of the community care work.

In 1956, an experiment was started with a psychiatric social club to cover an area around Norwich. This was pioneered by the mental health worker who found that many patients needed extra support which was not given by home visitation, particularly as many of those concerned felt unable to take part in the normal social activities of the community. The Norwich Area club proved most successful and a similar club was started at King's Lynn in 1958.

The period under review has seen the mental health service expand steadily to meet the needs of the mentally handicapped in the community. Great strides have been made and further developments are now envisaged following the report of the Royal Commission in May, 1957.

## GENERAL WELFARE

One of the most outstanding features of the Council's service developed since 1948 has been the work of the local welfare officers. It was recognised in 1947 that, in a large predominantly rural county, the employment of field officers holding combined appointments would be the most economical and efficient way of running the service, and staff with a special interest in welfare work, mainly from the public assistance service, were recruited. These officers have played a major part in the development of the Council's schemes under the mental health service and for the domiciliary welfare of the aged. They have also played their part in the home help service and in other spheres of work. They have their offices at the area local health offices in the county and are readily accessible to the public for advice and assistance at all times. They have not spared themselves in their efforts to serve the community and they are recognised by the hospitals and general practitioners as being extremely valuable members of the team, who can always be relied upon for assistance and for case reports giving a detailed picture of the family or of any social problems.

# PUBLIC HEALTH STAFF

## **County Medical Officer :**

K. F. ALFORD, M.B., Ch.B., D.P.H.

## **Deputy County Medical Officer :**

A. G. SCOTT, M.B., Ch.B., D.P.H.

## **Senior Medical Officer :**

A. E. LORENZEN, M.R.C.S., L.R.C.P., D.P.H.

## **Senior Assistant Medical Officer :**

A. N. HUNTER, M.B., Ch.B., D.P.H.

## **Assistant County Medical Officers and District Medical Officers of Health :**

W. H. CRICHTON, C.I.E., M.B., Ch.B., D.P.H.  
IRENE B. M. GREEN, M.D., B.S., D.P.H.  
A. B. GUILD, M.B., Ch.B., D.P.H., D.I.H., D.T.M.&H.  
J. HAMILTON, M.B., Ch.B., D.P.H., D.T.M.&H.  
W. E. HOLMES, M.A., M.B., Ch.B., B.A.O., D.P.H., D.T.M.&H.  
G. R. HOLTBY, M.D., B.S., D.P.H., D.I.H.  
R. N. C. McCURDY, M.B., Ch.B., D.P.H.  
J. H. F. NORBURY, M.B., B.S., D.P.H.  
R. A. STENHOUSE, L.M.S.S.A., D.P.H. (to 30.4.58).  
J. A. SLATTERY, M.R.C.S., L.R.C.P., D.P.H. (from 18.8.58).

## **Assistant Medical Officers (part-time) :**

C. T. DARWENT, L.R.C.P.&S., D.P.H. (from 19.11.58).  
ELIZABETH M. ELLIOTT, M.B., B.Ch., B.A.O.  
P. M. FEA, M.B., Ch.B.  
MOLLY GOVIER, M.B., Ch.B., D.C.H. (from 13.10.58).  
JOAN E. HANCOCK, M.B., Ch.B.  
NORA M. JOHNS, M.B., B.S.  
A. JEAN LACEY, M.B., Ch.B., D.P.H. (from 1.5.58).  
ROSEMARIE D. LINCOLN, M.B., B.S.  
C. MARGARET McLEOD, M.B., Ch.B.  
F. R. WILSON, M.D., Ch.B.

## **Chief Dental Officer :**

P. MILLICAN, L.D.S., R.C.S. (Eng.).

## **Dental Officers :**

\*J. W. ADEY, L.D.S., R.C.S. (Eng.) (to 30.8.58).  
\*J. E. CHASTON, L.D.S., R.C.S. (Eng.)  
\*EDITH CHURCHYARD, L.D.S., R.C.S. (Eng.) (from 3.2.58).  
\*J. H. H. GRIFFIN, L.D.S., R.C.S. (Eng.)  
P. L. McCALLION, L.D.S., R.F.P.S. (Glas.) (from 17.11.58).  
J. W. McQUISTON, L.D.S. (Q. U. Belf.)  
LILY T. MILNES, L.D.S., R.F.P.S. (Glas.)  
E. C. PACKHAM, L.D.S., R.C.S. (Eng.).  
\*C. A. PITT-STEELE, L.D.S., R.C.S. (Eng.) (to 8.11.58).  
\*JEAN S. P. SMITH, L.D.S., R.C.S. (Edin.) (to 10.1.58).  
S. H. WOONTON, L.D.S., R.C.S. (Eng.)

\*Part-time.



### **County Public Health Engineer :**

G. W. CURTIS, M.I.P.H.E., C.S.I.B., Meat and Food Inspector's Cert., D.P.A.

### **Senior Assistant County Public Health Officer :**

A. J. ALLISON, C.S.I.B., Meat and Food Inspector's Cert.

### **Assistant County Public Health Officers:**

A. C. COOPER, C.S.I.B.

F. B. TAYLOR, C.S.I.B.

### **Superintendent Nursing Officer:**

MISS A. DAY, S.R.N., S.R.C.N., S.C.M., H.V.Cert., Q.N.

### **Deputy Superintendent Nursing Officer:**

MISS D. E. UNSWORTH, S.R.N., S.C.M., H.V.Cert., Q.N.

### **Assistant Superintendent Nursing Officers:**

MISS G. CATO, S.R.N., S.R.F.N., S.C.M., H.V.Cert., Q.N.

MISS G. A. THOMPSON, S.R.N., S.R.F.N., S.C.M., H.V.Cert., Q.N.

MISS M. WEARMOUTH, S.R.N., S.C.M., H.V.Cert., Q.N.

### **Other Nursing Staff :**

HEALTH VISITORS AND SCHOOL NURSES	Combined duties	15
	School nursing duties only	6
	No school nursing duties	2
	Tuberculosis health visitors	2
DISTRICT NURSES AND MIDWIVES	Combined duties with health visiting	*66
	Combined duties	54
	Midwifery duties only	7
	Home nursing duties only	8
	Part-time relief duties	17

\*4 of these also undertake duties as school nurses.

### **Speech Therapists:**

MISS Z. HARROD, L.C.S.T. (from 8.9.58)

MISS J. RUTT, L.C.S.T.

MISS M. E. G. STEVENSON, L.C.S.T. (from 15.9.58).

### **Senior Home Teacher and Visitor for the Blind:**

MISS H. G. BELLAMY, Cert. College of Teachers of the Blind.

### **Home Teachers and Visitors for the Blind:**

MISS M. K. BROADMEADOW, Cert. College of Teachers of the Blind (from 1.10.58).

MISS M. R. GREEN, Cert. College of Teachers of the Blind (to 31.7.58).

MISS M. HAWKE, Cert. College of Teachers of the Blind (from 1.7.58).

MRS. M. D. NEAVE, Cert. College of Teachers of the Blind.

MISS H. K. PAYNE, Cert. College of Teachers of the Blind (from 1.2.58).

MRS. K. M. READ, Cert. College of Teachers of the Blind.

MISS M. E. RISEBROOK, Cert. College of Teachers of the Blind (to 31.1.58).

**Home Help Organiser:**

MRS. E. A. KING, S.C.M., M.I.H.H.O.

**Occupation Centre Supervisors :**

MISS S. J. GEE

MISS S. M. QUINSEE (from 1.1.58).

**Mental Health Worker :**

MRS. S. RAINBOW

**Home Teachers for Mental Defectives:**

MISS B. I. CUMING

MISS F. S. HURN

MRS. N. SNUTCH (from 1.10.58).

**Superintendent Welfare Officer:**

C. J. TAYLOR

**Deputy Superintendent Welfare Officer:**

T. H. HIGHAM

**Local Welfare Officers:**

A. BOOTHMAN  
S. H. BOUGHEN  
J. COWELL  
S. J. DODMAN  
S. FRYER  
C. J. GALLANT  
V. C. HALL

D. R. INGHAM  
V. K. C. KIRBY  
T. A. MAYFIELD  
W. J. PEACOCK  
F. L. RAY  
R. S. REEVE  
J. A. ROWE

**Chief Clerk :**

E. W. DURRANT

**SPECIALIST STAFF (Part-time).**

**Chest Physicians :**

A. H. F. COUCH, M.D., M.R.C.P., D.C.H.

G. F. BARRAN, M.D., M.R.C.S., L.R.C.P.

(Joint appointments with Regional Hospital Board).

**County Analyst :**

ERIC C. WOOD, Ph.D., A.R.C.S., F.R.I.C.





## BIRTHS AND INFANTILE MORTALITY.

TABLE 1.

County district.	Population 30.6.58	Live births			Still-births			Deaths of infants under 1 year of age			Deaths of infants under 4 wks. of age			
		Legit.	Illegit.	Total	Legit.	Illegit.	Total	Legit.	Illegit.	Total	Legit.	Illegit.	Total	
MUNICIPAL BOROUGHS—														
King's Lynn ... ..	26,590	438	32	470	7	2	9	9	1	10	8	2	10	
Thetford ... ..	4,790	67	9	76	3	—	3	3	—	3	1	—	1	
	31,380	505	41	546	10	2	12	12	1	13	9	2	11	
URBAN DISTRICTS—														
Cromer ... ..	4,900	55	5	60	1	—	1	3	—	3	1	—	1	
Diss ... ..	3,610	67	1	68	—	—	—	2	—	2	1	—	1	
Downham Market ... ..	2,680	25	3	28	2	—	2	1	—	1	1	—	1	
East Dereham ... ..	6,810	86	3	89	1	—	1	1	—	1	1	—	1	
Hunstanton ... ..	4,520	138	5	143	4	1	5	4	—	4	4	—	4	
North Walsham ... ..	4,800	56	7	63	1	—	1	3	—	3	3	—	3	
Sheringham ... ..	4,640	95	6	101	4	—	4	1	1	2	1	—	1	
Swaffham ... ..	3,100	56	5	61	—	—	—	—	—	—	—	—	—	
Wells-next-the-Sea ... ..	2,700	43	3	46	1	—	1	1	—	1	1	—	1	
Wymondham ... ..	5,860	90	7	97	1	—	1	—	—	—	—	—	—	
	43,620	711	45	756	15	1	16	16	1	17	13	—	13	
RURAL DISTRICTS—														
Blofield and Flegg ... ..	33,800	376	20	396	9	—	9	4	1	5	4	1	5	
Depwade ... ..	17,970	247	13	260	2	—	2	2	—	2	1	—	1	
Docking ... ..	18,190	340	23	363	5	—	5	8	—	8	4	—	4	
Downham ... ..	24,430	349	21	370	6	—	6	3	—	3	3	—	3	
Erpingham ... ..	20,120	219	10	229	7	—	7	7	—	7	4	—	4	
Forehoe and Henstead ... ..	24,910	67	6	373	7	2	9	4	—	4	3	—	3	
Freebridge Lynn ... ..	11,440	204	4	208	5	—	5	1	—	1	1	—	1	
Loddon ... ..	12,760	166	8	174	2	1	3	1	—	1	1	—	1	
Marshland ... ..	16,710	272	15	287	5	—	5	4	—	4	3	—	3	
Mitford and Launditch ... ..	18,070	245	13	258	6	—	6	3	2	5	3	1	4	
St. Faith's and Aylsham ... ..	42,240	640	26	666	12	1	13	13	—	13	10	—	10	
Smallburgh ... ..	18,110	220	15	235	2	—	2	5	2	7	4	1	5	
Swaffham ... ..	9,230	157	7	164	4	—	4	3	—	3	2	—	2	
Walsingham ... ..	24,680	358	10	368	6	—	6	10	—	10	7	—	7	
Wayland ... ..	19,640	337	15	352	6	—	6	10	—	10	9	—	9	
	312,300	4497	206	4703	84	4	88	78	5	83	59	3	62	
ADMINISTRATIVE COUNTY ... ..	387,300	5713	292	6005	109	7	116	106	7	113	81	5	86	



# I. STATISTICS AND SOCIAL CONDITIONS OF THE ADMINISTRATIVE COUNTY.

Acreage	...	...	...	...	...	1,302,501
Population—Estimated by Registrar-General (mid-1958)	...					387,300
Estimated Product of Penny Rate for general purposes (1958-59)	...	...	...	...	...	£12,759
Rateable Value for general purposes (1st April, 1958)	...					£3,171,458

## LIVE BIRTHS.

Rate per 1,000 of the estimated population:—

ADMINISTRATIVE COUNTY	...	...	...	15.50
Municipal Boroughs	...	...	...	17.40
Urban Districts	...	...	...	17.33
Rural Districts	...	...	...	15.06
ENGLAND AND WALES	...	...	...	16.4

6,005 births were registered in 1958. The birth-rate of 15.50 shows an increase of 0.11 over the previous year and is the highest since 1953. The application of the comparability factor (1.11) gives an adjusted rate of 17.20 which compares very favourably with the England and Wales rate of 16.4.

There were 292 illegitimate live births in 1958, comprising 4.86% of all live births. This shows a small decrease of 0.05% on the figure for the previous year.

The distribution of births amongst the county districts is shown in Table 1.

## STILL-BIRTHS.

Rate per 1,000 live and still-births:—

ADMINISTRATIVE COUNTY	...	...	...	18.95
Municipal Boroughs	...	...	...	21.51
Urban Districts	...	...	...	20.73
Rural Districts	...	...	...	18.71
ENGLAND AND WALES	...	...	...	21.6

There were 116 still-births during the year, giving a rate of 18.95 per 1,000 total births (live and still). This is considerably lower than the 1957 rate of 22.51 and the England and Wales rate of 21.6. It is in fact equal to the lowest rate previously recorded, which was in 1947. The distribution of still-births is included in Table 1.

## INFANTILE MORTALITY.

There were 113 deaths of children under the age of 1 year and the infantile mortality rates were as follows:—

All infants per 1,000 live births	...	...	18.81
Legitimate infants per 1,000 legitimate live births			18.55
Illegitimate infants per 1,000 illegitimate live births			23.97

The rate of 18.81 shows a decrease of 3.71 on the 1957 figure. The rate for England and Wales was 22.5.

86 (74%) of these deaths were neo-natal deaths, occurring in the first four weeks of life. Table 2 gives the causes of death.

The mortality rate for all infants under 1 year of age, according to type of district, varied as follows:—

Municipal Boroughs	...	...	...	23.81
Urban Districts	...	...	...	19.84
Rural Districts	...	...	...	18.71

MATERNAL MORTALITY.

There was 1 maternal death, giving a rate per 1,000 total births (live and still) of 0.16, as compared with the national rate of 0.43.

DEATHS.

Rate per 1,000 of the estimated population ... 11.59

During 1957 there were 4,489 deaths. The death rate is 0.15 lower than last year's figure and, when the comparability figure of 0.84 is applied, the resultant rate of 9.74 is considerably lower than the England and Wales rate of 11.7.

51% of the deaths were of persons 75 years of age or over (see Table 2).

The main causes of death were heart disease (32%), cancer (16%), vascular lesions of the nervous system (15%) and respiratory diseases other than pulmonary tuberculosis (11%). The latter accounted for 0.5%.

The following table shows, as percentages of all deaths, the deaths in various age groups during the last 20 years.

Year	Age Group.						
	0—	1—	5—	15—	45—	65—	75—
1939	4.9	1.0	1.0	8.1	19.0	66.0	
1940	5.1	1.6	1.4	7.5	19.3	65.1	
1941	5.4	1.7	1.4	8.3	19.1	64.0	
1942	5.8	1.2	1.3	7.3	19.8	64.6	
1943	5.8	1.6	1.2	6.6	18.4	66.4	
1944	5.7	1.4	1.5	7.1	18.0	66.3	
1945	6.1	1.2	1.3	6.5	18.7	66.2	
1946	5.1	0.9	0.8	6.3	17.5	69.4	
1947	5.9	0.5	0.8	5.4	17.4	69.9	
1948	4.9	1.0	0.7	6.2	18.3	68.9	
1949	3.9	0.8	0.6	5.1	16.7	72.9	
1950	3.6	0.7	0.7	5.1	17.3	24.5	48.1
1951	3.5	1.0	0.8	4.9	16.5	24.3	49.0
1952	3.8	0.4	0.6	4.6	17.2	24.7	48.7
1953	3.5	0.6	0.7	5.3	17.1	24.4	48.4
1954	2.7	0.5	0.7	4.5	16.4	25.9	49.1
1955	2.4	0.4	0.5	4.0	16.8	25.7	50.2
1956	2.3	0.4	0.5	4.0	16.6	25.6	50.6
1957	2.9	0.4	0.5	3.8	17.8	24.6	50.0
1958	2.5	0.3	0.6	3.6	17.2	24.8	51.0



DEATHS BY AREAS AND AGE GROUPS.

TABLE 2.

Cause of death	Municipal Boroughs		Urban Districts										Rural Districts															Total	Age at death								
	King's Lynn	Thetford	Cromer	Diss	Downham Market	East Dereham	Hunstanton	North Walsham	Sheringham	Swaffham	Wells-next-the-Sea	Wymondham	Blofield and Flegg	Depwade	Docking	Downham	Erpingham	Forehoe and Henstead	Freebridge Lynn	Loddon	Marshland	Mitford and Launditch	St. Faith's and Aylsham	Smallburgh	Swaffham	Walsingham	Wayland		0—	1—	5—	15—	25—	45—	65—	75—	
Tuberculosis, respiratory ... ..	3	—	—	—	—	—	1	—	1	—	—	—	2	2	—	—	2	3	1	1	2	—	1	1	—	—	2	23	—	—	—	—	4	8	7	4	
Tuberculosis, other ... ..	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	—	—	—	—	—	—	—	—	—	—	—	1	4	—	—	—	1	2	1	—		
Syphilitic disease ... ..	—	—	—	—	1	—	—	1	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1	—	—	6	1	—	—	—	—	4	—	—		
Diphtheria ... ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
Whooping cough ... ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
Meningococcal infections ... ..	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	2	1	1	—	—	—	—	—	—		
Acute poliomyelitis ... ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
Measles ... ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
Other infective and parasitic diseases ... ..	1	—	—	1	—	—	—	1	—	—	—	—	—	2	1	1	1	2	—	1	—	—	1	—	—	—	1	13	—	—	2	—	3	3	3	2	
Malignant neoplasm, stomach ... ..	8	2	1	—	1	3	1	1	1	1	1	3	3	3	8	5	4	4	3	3	4	5	12	7	3	6	2	95	—	—	—	—	2	22	31	40	
Malignant neoplasm, lung, bronchus ... ..	11	3	1	1	1	1	—	3	3	1	—	3	6	10	4	4	5	10	4	4	4	3	20	3	7	5	2	119	—	—	—	—	4	50	46	19	
Malignant neoplasm, breast ... ..	6	—	2	—	—	3	—	2	3	—	—	1	9	6	5	1	6	7	6	1	2	—	5	2	—	3	4	74	—	—	—	—	5	26	26	17	
Malignant neoplasm, uterus ... ..	2	—	—	—	1	—	—	1	—	—	—	—	4	1	2	2	1	5	1	2	2	3	3	2	—	—	1	33	—	—	—	—	5	17	6	5	
Other malignant and lymphatic neoplasms ... ..	17	7	4	4	3	9	1	8	3	6	4	7	39	23	18	25	25	44	10	9	9	11	30	16	8	28	23	391	1	—	2	1	9	105	132	141	
Leukæmia, aleukæmia ... ..	—	—	—	—	—	—	—	1	—	—	—	—	3	4	—	—	1	1	—	1	1	—	2	1	—	—	—	15	—	1	2	2	1	4	3	2	
Diabetes ... ..	2	—	—	—	1	—	—	—	1	—	—	1	3	5	1	1	4	2	2	2	2	1	3	1	—	2	3	37	—	—	—	1	1	5	12	18	
Vascular lesions of nervous system ... ..	55	14	16	8	10	12	6	9	7	11	6	7	63	30	29	31	35	50	26	15	29	23	74	38	15	29	28	676	—	—	—	1	6	86	177	406	
Coronary disease, angina ... ..	23	7	14	10	3	5	4	11	18	5	7	13	50	31	32	21	40	35	13	28	17	37	71	26	12	23	31	587	—	—	—	—	5	126	207	249	
Hypertension with heart disease ... ..	6	1	2	1	—	—	2	3	4	1	—	3	5	5	1	5	4	9	1	1	1	8	13	12	2	3	7	100	—	—	—	—	—	12	22	66	
Other heart disease ... ..	18	14	13	4	9	13	4	10	27	4	3	5	104	46	30	32	44	81	12	25	23	44	75	34	13	46	19	752	2	—	—	3	4	49	123	571	
Other circulatory disease ... ..	16	9	5	1	3	4	6	2	2	6	1	2	17	9	18	16	11	32	13	7	15	6	28	12	10	6	15	272	—	—	—	—	4	31	66	171	
Influenza ... ..	6	2	—	—	1	2	1	1	1	—	—	—	7	—	2	1	1	—	3	—	4	7	4	3	1	3	—	50	—	—	—	1	3	7	16	23	
Pneumonia ... ..	21	3	12	3	9	2	2	5	4	2	2	5	18	10	5	8	13	24	13	5	8	11	25	9	3	12	16	250	14	3	4	3	5	31	48	142	
Bronchitis ... ..	15	2	2	1	4	3	—	1	1	1	2	2	19	4	5	9	2	11	2	5	9	9	16	4	9	6	—	144	—	1	—	—	—	—	23	48	72
Other diseases of respiratory system ... ..	2	—	1	—	—	—	1	1	—	—	—	1	3	2	2	1	1	—	—	2	2	3	4	2	2	4	2	36	—	—	—	1	—	15	11	9	
Ulcer of stomach and duodenum ... ..	3	2	2	—	—	2	—	—	1	1	1	1	7	3	1	2	1	6	1	2	1	2	5	2	1	1	1	49	—	—	—	—	—	14	17	18	
Gastritis, enteritis and diarrhœa ... ..	2	—	—	—	—	1	—	—	1	—	—	2	3	1	1	1	1	2	—	2	—	—	2	1	—	1	—	21	3	1	—	3	—	4	4	6	
Nephritis and nephrosis ... ..	—	—	1	—	—	4	—	—	1	—	—	1	1	3	1	2	2	—	4	—	1	1	2	2	—	1	—	27	—	—	—	1	1	6	7	12	
Hyperplasia of prostate ... ..	1	1	1	1	1	—	—	1	2	—	—	—	3	6	2	1	2	10	1	1	2	5	2	4	—	2	1	50	—	—	—	—	—	3	8	39	
Pregnancy, childbirth, abortion ... ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	1	—	—	—	
Congenital malformations ... ..	1	1	1	—	—	—	—	1	—	—	—	—	2	4	1	2	2	2	—	1	3	4	4	2	—	2	3	36	24	3	3	—	2	4	—	—	
Other defined and ill-defined diseases ... ..	50	4	4	6	8	2	8	7	2	5	3	3	34	22	29	27	21	22	14	12	15	14	36	15	8	18	29	418	61	1	4	6	13	70	66	197	
Motor vehicle accidents ... ..	3	1	1	—	2	—	1	1	—	1	—	—	4	2	3	6	1	3	2	—	5	3	9	2	1	5	1	57	—	—	5	20	13	10	4	5	
All other accidents ... ..	10	1	4	3	4	1	1	2	1	—	—	—	12	10	7	6	9	9	3	2	4	4	6	5	1	6	5	116	6	2	5	9	11	17	16	50	
Suicide ... ..	2	—	—	—	—	1	—	—	1	1	1	2	4	2	1	4	2	2	1	—	1	1	5	—	—	1	2	34	—	—	—	1	5	20	4	4	
Homicide and operations of war ... ..	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	
All causes ... ..	285	74	87	45	62	68	39	73	85	46	31	62	426	248	209	214	242	376	136	133	166	205	459	207	97	214	200	4489	113	13	27	53	109	774	1111	2289	





## II. CARE OF MOTHERS AND YOUNG CHILDREN.

### MATERNITY ACCOMMODATION.

The Norwich, Lowestoft and Great Yarmouth, and the King's Lynn Area Hospitals Management Committees provide maternity accommodation within the geographical county. A few cases living near the county boundary are admitted to maternity accommodation provided by Hospital Management Committees in adjoining local health authority areas.

To ensure that a hospital bed is available for those for whom admission is necessary for sociological reasons, reports are submitted to the hospitals in respect of cases referred by general practitioners where complications are not anticipated. 665 such cases were investigated by the county nursing staff and 13 cases booked by midwives were also referred during the year for admission to maternity accommodation because of unsatisfactory home conditions.

60% of Norfolk confinements were domiciliary—the same proportion as in 1957.

### UNMARRIED MOTHERS.

The Norwich and Ely Diocesan Councils for Moral Welfare act on behalf of the County Council in providing care and training for unmarried mothers. 169 cases were dealt with, 43 in hostels with financial assistance from the Council and 126 without admission to hostels. These figures vary little from those of the previous two years.

### CARE OF PREMATURE INFANTS.

358 premature live births (26 more than in 1957) were notified as follows:—

Born in hospital	...	...	...	...	...	191
Born at home and nursed entirely at home	...	...	...	...	...	127
Born at home and transferred to hospital	...	...	...	...	...	35
Born and nursed entirely at private nursing homes	...	...	...	...	...	5
Born at private nursing homes and transferred to hospital	...	...	...	...	...	—
						358

308 of these infants survived 28 days.

54 premature still-births were also notified, 42 occurring in hospital and 12 at home.

The Council's two Queen Charlotte type oxygen tents, maintained in readiness at King's Lynn and Norwich for use in domiciliary cases, were not utilised during the year.

### ANTE-NATAL AND POST-NATAL ARRANGEMENTS.

No changes have been made in the County Council's ante-natal and post-natal schemes. Only 10 cases were examined by medical practitioners under the Council's midwifery scheme, a decrease compared with 1957 when 19 cases were examined.

Mothercraft classes were being held at 18 centres at the end of the year, and plans had been made for 2 more to be opened early in 1959.

## INFANT WELFARE CENTRES

3 centres with consistently low attendances were closed and 4 new ones were opened. At the end of the year there were 163 County Council centres providing a total of 191 sessions per month. Medical officers attended regularly where the average number of children per session was 25 or more, and occasionally at the smaller centres.

Attendances during the year were as follows:—

First attendances of children under one year of age	3,373	(3,052)
Children who attended during the year, born in:		
1958	...	2,927
1957	...	2,718
1956-53	...	4,504
		<hr/>
	10,149	(9,325)
		<hr/>
Total attendances	...	48,538 (46,257)
<i>(1957 figures given in brackets)</i>		

In addition to the centres provided by the County Council, there were 33 voluntary weighing centres organised by local nursing committees and attended by health visitors. With the termination of the agency agreement with the Norfolk County Nursing Association, referred to elsewhere in this report, the future of these centres was reviewed. 4 with low attendances were closed and the remaining 29 will be included in the Council's scheme from the beginning of 1959. 826 children made 3,254 attendances at these centres.

At 7 centres for Service families at R.A.F. stations, usually attended by the Station Medical Officer assisted by the Council's health visiting staff, 378 children made 1,237 attendances.

Arrangements for attendance at each others' centres have continued with the Isle of Ely for mothers and young children living near the boundary between the two administrative counties in the Outwell and Wisbech areas.

## PROVISION OF WELFARE FOODS AND MEDICAMENTS.

Proprietary brands of welfare foods are issued at infant welfare centres at cost price, or free of charge in necessitous cases, and certain medicaments are available for free issue when recommended on medical grounds.

National Welfare Foods were available at 34 infant welfare centres and 242 other distribution points. The siting of these distribution points is constantly under review in the light of the needs of each particular locality and the scheme is working smoothly with the help of a large number of voluntary distributors.

The increase in the price of National Dried Milk has had a marked effect upon the sale of this commodity compared with proprietary brands of milk foods, as the following table shows:—

	1956	1957	1958
National Dried Milk (tins)	163,186	135,225	96,924
Proprietary Milk Foods (packets)	42,188	54,692	80,189

The reduction in the age of children from 5 years to 2 years, up to which they are eligible for orange juice, caused issues to drop from 250,151 bottles



in 1957 to 168,505 in 1958. Issues of cod liver oil also decreased from 35,266 bottles to 23,349, while the sale of Vitamin A and D tablets remained steady at just over 15,000 packets.

DENTAL TREATMENT.

The Chief Dental Officer reports : —

“ The dental inspection and treatment of expectant and nursing mothers and young children can be regarded as the most important of all dental service; and it is therefore unfortunate that, resulting from the continued shortage of professional staff, this group of priority patients is suffering from neglect—particularly in the western districts of this county.

It appears that the Minister of Health has been advised that, in cases where an expectant or nursing mother chooses to arrange for dental treatment, either privately or through the general dental service, a local health authority has no power to pay any part of the charges for dentures which may be made to the patient. It would be interesting to learn how many of these cases were treated under the National Health Service, and how much was paid by these patients for dentures which should have been offered free of charge by a sufficiently-staffed local government service.

In any case, it would seem that the immediate removal of the penalty of part-payment for dentures imposed upon these ‘ priority cases ’ by the National Health Service is certainly indicated, as a vast number of potential patients are not receiving the perfectly free dental treatment to which they are legally entitled.

Of about 5,000 expectant and nursing Norfolk mothers, only 258 were dentally inspected in 1958; and, of about 15,000 pre-school children, only 98 were inspected.”

The following tables show the numbers of cases dealt with and give particulars of the treatment provided:—

(a) *Numbers provided with dental care.*

	Examined	Needing treatment	Treated	Made dentally fit
Expectant and nursing mothers	258	255	243	198
Children under five ...	98	89	85	85

(b) *Forms of dental treatment provided.*

	Scalings and gum treatment	Fillings	Silver nitrate treatment	Crowns or inlays	Extractions	General anaesthetics	Dentures full upper or lower	Provided partial upper or lower	Radio-graphs
Expectant and nursing mothers	61	266	70	—	1042	96	73	137	9
Children under five ...	8	10	137	—	155	19	—	—	—

NURSERIES AND CHILD MINDERS REGULATION ACT, 1948.

6 daily minders, caring for a total of 50 children, and one building with facilities for 4 children, were registered with the Council at the end of the year. All these were visited at intervals by the Council’s medical officers.

## FAMILY PLANNING.

The Norwich Mothers' Clinic, the Cambridge Women's Welfare Association and the King's Lynn branch of the Family Planning Association have continued to give advice on family planning matters. The County Council made grants towards their expenses.

### III. NURSING SERVICES.

Before the National Health Service Act, 1946, came into operation, the County Council had arrangements with the Norfolk Nursing Federation and a small number of district nursing associations not affiliated to the Federation for the provision of midwifery, health visiting and home nursing services. In 1948 the Federation was reconstituted as the Norfolk County Nursing Association and an agreement was entered into whereby these services would be provided by the Association, the Council reimbursing the full cost. Previously, only a proportion of the cost had been refunded.

In 1957 the Association indicated that it felt the time had come for the Council to provide a direct service and the arrangements which had worked so smoothly and efficiently for nearly 10 years were terminated on the 31st March, 1958, the Council assuming direct responsibility after that date.

The Superintendent Nursing Officer, her deputy and three assistants are responsible for the supervision of the staff undertaking duties as midwives, health visitors, home nurses and school nurses. On the 31st December, 1958, the numbers were as follows:—

Whole-time midwives	...	...	...	...	7
Whole-time home nurses	...	...	...	...	8
Combined duties as midwife and home nurse	...	...	...	...	54
Combined duties as midwife, home nurse and health visitor	...	...	...	...	66
Whole-time health visitor without school nursing duties	...	...	...	...	2
Combined duties as health visitor and school nurse	...	...	...	...	15
Whole-time school nurse	...	...	...	...	6
					—
					158
					—

There were also also two whole-time tuberculosis health visitors who worked under the direction of the chest physicians.

Difficulty in filling vacancies continued and at the end of the year there were vacancies as follows:—

Whole-time midwives	...	...	...	...	2
Combined duties as midwife, home nurse and health visitor	...	...	...	...	13
Whole-time health visitors	...	...	...	...	2
					—
					17
					—

As a general rule, if applicants for nursing appointments have not had district training or do not hold the health visitors' certificate, but are otherwise suitable and willing to be trained, the necessary courses are arranged subsequent to taking up duty. 6 nurses were sent for district training in 1958 and 6 for training as health visitors.

At the time the Council took over the administration of the nursing services, the Association was providing 46 cars for the use of those district nurses and midwives who were unable or unwilling to provide their own. Since then the Council has encouraged staff to purchase the cars supplied for



their use or to provide other cars, if necessary with the help of loans advanced by the Council. By the end of the year the number of Council cars had been reduced to 39.

The Council continued its policy of building a limited number of houses for district nurses and midwives where the need is urgent and other suitable accommodation is not available. The building of 4 houses was completed during the year and at the end of the year the district nurses and midwives were accommodated as follows:—

In houses owned by the County Council	...	...	...	40
In houses other than Council houses rented by or leased to the County Council	...	...	...	12
In houses owned by borough, urban or district councils	...			37
In their own houses	...	...	...	42
In rooms or houses (other than Council houses) rented by the nurses	...	...	...	4
				<hr/> 135 <hr/>

Attendances at refresher courses were arranged as follows:—

Midwives' refresher courses	...	...	...	50
Post-certificate courses for health visitors	...	...	...	2
Post-certificate courses for supervisors of midwives			...	2
Nursing administrators' course	...	...	...	2
Refresher courses for district nurses	...	...	...	2
				<hr/> 58 <hr/>

#### IV. MIDWIFERY.

##### PRACTISING MIDWIVES.

Notices of intention to practise in the county were received from 256 midwives and 28 ceased to practise, giving a total of 228 midwives on the register at the end of the year, an increase of 3 over the 1957 figure.

393 visits of inspection were made by the supervisory nursing staff acting as non-medical supervisors of midwives.

##### EMERGENCY MEDICAL AID.

The number of cases in which medical aid was summoned under the Midwives Act, 1951, has shown a marked yearly increase during the past four years, although the number of cases in which a doctor has not been previously booked through the maternity medical service under Part IV of the National Health Service Act continues to decline.

The following figures indicate the trend over the past four years:—

##### *Domiciliary cases :*

(i) Maternity service cases under Part IV of the Act	...	...	1955	1956	1957	1958
			168	226	274	341
(ii) Midwifery cases—doctor not booked			22	24	11	3
			<hr/> 190 <hr/>	<hr/> 250 <hr/>	<hr/> 285 <hr/>	<hr/> 344 <hr/>

## CONFINEMENTS.

3,367 domiciliary confinements were attended by midwives, acting either as midwives or as maternity nurses, 52 less than in 1957. In addition, midwives attended 112 cases of miscarriage, 1 less than in the previous year.

Comparative figures for the past three years are as follows:—

Domiciliary confinements—	1956	1957	1958
Midwifery/maternity cases (doctor not present) ... ..	1,846	1,964	1,979
Maternity cases (doctor present) ...	1,356	1,455	1,388
	<hr/>	<hr/>	<hr/>
	3,202	3,419	3,367
Institutional confinements ... ..	1,466	1,096	1,048
Private institutional confinements ...	262	266	203
	<hr/>	<hr/>	<hr/>
	4,930	4,781	4,618

*(The above figures relate only to confinements which took place within the local health authority's area.)*

Visits made by midwives—

Maternity and midwifery ... ..	59,419	66,561	66,192
Ante-and post-natal ... ..	32,859	37,559	37,360

Domiciliary midwives paid 7,600 visits to 1,426 cases confined in institutions and discharged before the fourteenth day.

## ANALGESIA.

Of the 143 midwives employed by the Council at the end of the year, 142 were qualified to administer gas and air analgesia and 142 sets of apparatus were in use; 4 midwives in private practice were similarly qualified. Analgesia was administered by the Council's midwives in 2,887 cases (1,162 maternity and 1,725 midwifery) compared with 2,650 cases in 1957; 7 cases were dealt with by domiciliary midwives in private practice.

Pethidine was administered in 2,024 domiciliary cases (782 maternity and 1,242 midwifery) and Trilene in 98 cases (82 maternity and 16 midwifery). For midwives in private practice, the figures were 12 and 7 respectively.

## RESUSCITATION.

All domiciliary midwives employed by the Council are being equipped with portable infant resuscitators.

## OPHTHALMIA NEONATORUM.

4 cases, all domiciliary, were notified. In no case was it necessary for the baby to be admitted to hospital and there was no apparent impairment of vision in any case.

## PUERPERAL PYREXIA.

18 cases were notified, 13 domiciliary and 5 institutional. In all cases the necessary facilities for treatment were available.



## V. HEALTH VISITING.

The rapidly changing pattern of modern times has brought new strains and stresses in family and community life and the health visitor, with her close contacts with the family from infancy upwards, is in an exceptionally favourable position to exercise a beneficial influence on the public.

The Ministry of Health has drawn attention to the need for preventing the break-up of families and under frequently difficult circumstances the health visitor has done much useful work with these cases in close liaison with other members of the County Council's staff.

Health visiting duties undertaken during the past five years are summarised in the following table:—

Year.		Ante-natal visits.	First visits to children under 1 year.	Total visits to children 0—5 years.	Total visits.
1954	...	26,922	5,504	118,858	145,780
1955	...	27,918	4,904	104,338	132,256
1956	...	25,636	5,610	109,038	134,674
1957	...	31,639	6,363	102,578	134,217
1958	...	34,811	6,933	96,084	132,047

Altogether, the health visitors visited 12,590 families.

Particulars of the work of the two full-time tuberculosis health visitors are included in the section of the report dealing with tuberculosis (see page 28).

## VI. HOME NURSING.

This service receives much less publicity than it deserves. The district nurse plays an important part within the National Health Service, working quietly and efficiently in co-operation with the general medical practitioner. New drugs and new operation techniques have done much to shorten the length of stay in hospital, thereby enabling more patients to be dealt with each year. This, however, would not be nearly so effective if the home nursing service was not ready to provide necessary domiciliary care when patients are discharged home. It would appear, however, that modern medical treatment is also having its effect upon the number of cases requiring nursing care, for there has been a steady decline in the number of patients dealt with by the home nursing service during the past few years, as the following table shows:—

		No. of cases			No. of visits		
		1956	1957	1958	1956	1957	1958
Medical	...	6,210	5,893	5,721	108,937	111,055	104,801
Surgical	...	3,160	2,936	2,735	44,152	45,304	39,240
Tuberculosis	...	39	34	36	1,738	1,267	1,604
Other infectious diseases	...	17	14	3	28	161	10
Maternal complications...		70	67	93	580	562	2,452
Others	...	970	838	811	7,070	7,427	9,596
		<u>10,466</u>	<u>9,782</u>	<u>9,399</u>	<u>162,505</u>	<u>165,776</u>	<u>157,703</u>

## VII. VACCINATION AND IMMUNISATION.

### VACCINATION AGAINST SMALLPOX.

Once again there has been an increase in the number of infants vaccinated. In 1955 only about one-third of the infants were protected against smallpox, but in 1958 the proportion reached almost one half. Although the position cannot be regarded with complacency, the improvement is most encouraging. The numbers of primary vaccinations of older children and adults showed little change from previous years and there was a slight reduction in the number of re-vaccinations.

Comparable figures of persons vaccinated or re-vaccinated during the last three years are as follows:—

Age at which vaccinated	Vaccinations			Re-vaccinations		
	1956	1957	1958	1956	1957	1958
Under 1 year ...	2,393	2,530	2,726	1	—	—
1 year ...	260	274	256	2	5	2
2-4 years ...	122	144	140	20	36	27
5-14 years ...	111	139	105	89	125	90
15 years and over ...	211	268	255	364	551	435
	<u>3,097</u>	<u>3,355</u>	<u>3,482</u>	<u>476</u>	<u>717</u>	<u>551</u>

### IMMUNISATION AGAINST DIPHTHERIA, WHOOPING COUGH AND TETANUS.

Comparable figures for children immunised against diphtheria during the past three years are as follows:—

	Immunised			Given reinforcing injections		
	1956	1957	1958	1956	1957	1958
Under 1 year ...	2,066	2,393	2,328	—	—	—
Aged 1-4 years ...	1,537	1,252	1,088	193	203	157
Aged 5-14 years ...	1,051	665	173	4,613	3,012	920
	<u>4,654</u>	<u>4,310</u>	<u>3,589</u>	<u>4,806</u>	<u>3,215</u>	<u>1,077</u>

Numbers of children who had been primarily immunised or who had received reinforcing injections as at 31st December, 1958, were:—

	Under 1	1—4	5—9	10—14	Total
Estimated mid-year population ...	5,860	23,340	58,800		88,000
Last injection in 1954-58	988	12,535	12,688	11,394	37,605
Last injection 1953 or earlier ...	—	—	7,037	13,734	20,771

It will be seen from the numbers immunised during the year that, whilst primary immunisation before the first birthday remained at a level comparable with that of previous years, there was a decline in the number of children primarily immunised after their first birthday, and a very marked fall in those given reinforcing injections. The percentage of children of school age who were fully protected dropped from 57.5% in 1955 to 40.95%, and the percentage of all children up to 15 years is now only 42.73%, a position which gives cause for some concern. This is due largely to the priority given to the poliomyelitis vaccination campaign and is a matter which must receive attention at the earliest possible opportunity.



Combined antigens are available during the winter months, and single antigens at all times of the year, to provide protection against whooping cough and tetanus in addition to diphtheria. The restriction of combined antigens to the winter months is in accordance with the recommendations of the Ministry of Health.

3,115 children (3,052 under 5 and 63 over 5 years of age) were immunised against whooping cough during the year.

Tetanus is comparatively uncommon, but cases occur rather more frequently in Norfolk than in other parts of the country. The serious nature of the disease, with a 50% mortality rate, receives considerable publicity in the local Press from time to time and the Council's decision in 1957 to make tetanus antigens available was generally welcomed. Family doctors are using them to an increasing extent, mainly utilising the triple antigen.

## VACCINATION AGAINST POLIOMYELITIS.

At the beginning of the year, 36,742 children and adults were awaiting vaccination after completing the necessary registration forms. For a time, supplies of British vaccine and Salk vaccine tested to British standards were supplemented with imported vaccine not re-tested in this country and these augmented supplies enabled all these outstanding registrations to be dealt with by the Council's medical staff and general medical practitioners.

The scheme was extended in September to include young persons between 16 and 25 years of age and the administration of a third "booster" injection not less than seven months after the second. This involved some 60,000 third injections with a further 50,000 young persons eligible for inclusion in the scheme. Following consultation with the Local Medical Committee, it was agreed that general practitioners would undertake, as far as possible, the vaccination of the young adult age group.

At the end of the year, 13,930 persons, mainly in the 0-15 age group, had received the three injections, 47,756 had received two and 2,105 one. A further 2,359 persons had registered and were awaiting vaccination. Of this total of 66,150, only 560 were in the new 16-25 age group. It is estimated that some 130,000 persons in Norfolk are eligible for vaccination against poliomyelitis, of which those registered by the end of 1958 represented approximately 51%.

The small number of young persons registered at the end of the year in the new age group is due to some extent to the fact that publicity for this had only just commenced. The indications were, however, that it would be difficult to achieve a really satisfactory response from this section of the population.

## VIII. AMBULANCE SERVICE.

### AMBULANCES.

There were no changes in this service during the year. The radio control system operated smoothly and increased the efficiency of the service although, owing to the sparsely populated nature of the county, there was no great financial saving.

Last year it was possible to record a reduction both in the number of patients conveyed and also in the total mileage, but this year the number of

patients was the highest since the service started in 1948. There was, however, very little increase in mileage.

Comparative average *monthly* figures for the past 5 years are:—

				Patients	Mileage
1954	...	...	...	907	24,761
1955	...	...	...	992	24,955
1956	...	...	...	1,022	25,088
1957	...	...	...	981	23,513
1958	...	...	...	1,033	23,991

During the year the ambulances conveyed 12,397 patients a total mileage of 287,888.

The arrangements with neighbouring authorities for the joint use of returning vehicles for the conveyance of patients discharged from hospitals continues to ensure considerable savings for all concerned.

## CAR SERVICE.

Every effort has been made to ensure the greatest economy in the use of cars but, as with ambulances, the highest-ever number of cases was conveyed. The mileage showed a considerable increase, but was still less than in some previous years.

Average *monthly* figures for the past 5 years are:—

				Patients	Mileage
1954	...	...	...	3,870	105,116
1955	...	...	...	4,037	107,823
1956	...	...	...	4,099	103,568
1957	...	...	...	3,864	96,166
1958	...	...	...	4,176	104,080

50,110 patients were conveyed by the car service and the total mileage was 1,248,963.

## IX. PREVENTION OF ILLNESS, CARE AND AFTER-CARE.

### TUBERCULOSIS.

The policy of offering B.C.G. vaccination to all school children in their fourteenth year was continued. Of the 4,286 children who were skin tested, 3,349 were found to be suitable for vaccination and, by the end of the year, 3,278 had been vaccinated. In addition, 323 contacts were also vaccinated.

145 new cases were reported by formal notification. Comparable figures for the past 5 years are:—

Year		No. of pulmonary cases	Case-rate per 1000 population	No. of non- pulmonary cases	Case-rate per 1000 population
1954	...	167	0.44	46	0.12
1955	...	153	0.41	36	0.095
1956	...	149	0.39	39	0.10
1957	...	133	0.35	22	0.057
1958	...	112	0.29	33	0.085



Mortality figures for the past 5 years are:—

Year		No. of pulmonary cases	Death-rate per 1000 population	No. of non- pulmonary cases	Death-rate per 1000 population
1954	...	34	0.09	7	0.018
1955	...	24	0.06	8	0.021
1956	...	21	0.05	3	0.008
1957	...	16	0.04	11	0.029
1958	...	23	0.06	4	0.01

The numbers of cases on the after-care register at the end of the year were:—

		Male	Female	Total
Pulmonary	...	731	548	1,279
Non-pulmonary	...	61	65	126
		<hr/> 792	<hr/> 613	<hr/> 1,405

51 cases were supplied with milk, 5 with maltoline and iron and 2 with adexolin capsules, all free of charge, on the recommendations of the chest physicians.

The Council was paying rehabilitation fees for 3 patients at the end of the year (2 at Papworth and 1 at Preston Hall, Maidstone). The number of cases requiring rehabilitation has declined considerably during the past five years, due to modern treatment methods enabling more ex-patients to return to their previous employment.

Use was made of the facilities offered by the W.V.S. clothing depots for necessitous cases and the Friends of Kelling provided amenities for patients which were not available through official channels. The British Red Cross Society continued the library service for housebound tuberculous patients at a nominal charge.

10 shelters were disposed of as surplus to requirements, reducing the number available to 50.

234 chest X-ray examinations of teaching, canteen and other staff in close contact with children were made during the year.

#### REPORTS OF CHEST PHYSICIANS.

Dr. A. H. C. Couch, chest physician for the eastern half of the county, reports:—

“There have been no changes in the existing arrangements which have continued to work smoothly; the close links with the Public Health Department have continued and there has been very satisfactory co-operation at all levels.

359 new contacts were examined during the year and 17 new cases of tuberculosis were discovered among them. B.C.G. was given to 184 contacts. A wider extension of contact examinations would be a desirable feature. This should include the patients' whole environment at work as well as at home in a more extensive manner than we are able to do at present. This work would be much easier if a small mobile X-ray unit could be attached to the Chest Clinic, so that early chest X-ray could be offered to all contacts at a time when they are likely to be agreeable to such an X-ray.



The number of new cases of pulmonary tuberculosis is almost identical to that of the previous year. Although there were rather fewer infectious cases among them, there is still enough pulmonary tuberculosis occurring to warrant the fullest possible attack on the problem of case finding. New methods such as community surveys will be required before the problem can be considered safely under control.

The very high incidence of pulmonary tuberculosis in publicans has been a matter of concern, particularly as the disease found in publicans has usually been of an advanced type. Discussions have taken place with the brewers in conjunction with the Medical Officers of Health both of City and County with the object of introducing a chest X-ray of all new licensees, but unfortunately this object has not been attained.

The problem of resettlement and employment has not improved during the year. The considerable amount of unemployment, particularly in North Norfolk, increases the difficulties and alternative employment such as light industries is badly needed in the rural areas."

Dr. G. F. Barran, chest physician for the western half of the county, reports:—

"The methods of diagnosis, of preventative and therapeutic treatment, of after-care and of rehabilitation are being actively pursued on the lines described in previous reports. It is pleasing to report that the happy association between County and District Medical Officers of Health, the numerous voluntary bodies and the chest clinic, which is so essential in all efforts to control this disease, continues as before.

It will be noted that the number of deaths, namely 23, shows an increase of 7 over the previous year and that the mortality rate for pulmonary tuberculosis, although it has fluctuated, has not fallen appreciably over the past five years. This lack of further success after the dramatic fall in the last decade is not unexpected and was forecast in the report of 1956. Many of these deaths are in elderly people and are complicated by other conditions, such as chronic bronchitis or cardiac insufficiency, which frequently play the major part in the illness. The outlook for the young and middle-aged person is today uniformly excellent, even if the disease is diagnosed in an advanced stage.

The incidence in the country as a whole shows a slow but steady decline. The figure of 112 new cases in the county is too small for statistical analysis and there is so great a variation in opinion as to which case should or should not be notified that no worthwhile conclusion can be drawn. It is sufficient to realise that whilst other diseases of the chest, bronchitis, asthma and lung cancer, are absorbing more of our time, cases of tuberculosis are still being found in appreciable numbers, some of them in an advanced state. The fight against tuberculosis is not yet won and is being waged by methods described in previous reports. The greatest need remains, as before, to bring under care the considerable number of unrecognised cases in our midst, with the object not only of benefitting the individual but of the consequent reduction in the spread of infection to others. This is being tackled by making every facility available for the general practitioner to refer the suspected case. He can do this by sending his patient up for full investigation at the chest clinic or, if he prefers, by referring simply for a chest X-ray examination which can be carried out in the evening after normal working hours.

Other proved methods of finding the unsuspected case are by the examination of contacts and by mass radiography. The number of contact examinations made was 1,297; of these, 339 were contacts of recently-notified cases and as a result 6 new cases were diagnosed. The Mass Radiography



Unit visited Hunstanton, Swaffham, Thetford, Downham Market, Wells and Fakenham and, of the 8,731 who attended, 7 active cases of tuberculosis were found. As the incidence of the disease falls and there is repetition of those previously examined, this method of case finding inevitably leads to a diminishing return, but is still well worthwhile and should be actively encouraged. It could, none the less, be improved if the Units were smaller and therefore more mobile and consequently capable of proceeding at short notice to a town or village where a source of infection had arisen.

The examination of school children found to be positive reactors to tuberculin when examined under the B.C.G. vaccination scheme has proved a disappointing method of finding early disease in the adolescent. This is not to minimise the advantage obtained from the opportunity of vaccinating the tuberculin negative children.

It is likely to be many years before tuberculosis is completely eliminated, but meanwhile the present methods of control have brought about a vast improvement in the outlook for the tuberculous subject and the progress made is being well maintained."

## ACCIDENTS IN THE HOME.

So many deaths and injuries arise from accidents in the home that special attention has again been given to this problem. Prevention can obviate much unnecessary suffering and distress. Pamphlets and posters have been distributed, talks have been given by medical officers, health visitors and local welfare officers to old people's clubs, infant welfare centres, Young Wives' clubs, etc., and voluntary organisations have arranged to give talks to their members.

In October, shortly before the Home Office, in conjunction with the Ministry of Health, launched the national "Guard That Fire" campaign, the County Council convened a conference of representatives of the county district councils in Norfolk, voluntary organisations and the Norwich and Great Yarmouth local health authorities. Technical officers of the Eastern Gas and Electricity Boards and the County Fire Service were also in attendance. This conference was called to draw attention to the forthcoming national campaign and the theme was domestic burns and scalds.

The conference resolved:—

(i) to request the Chief Education Officer to arrange a competition for suitable school children;

(ii) to approach the B.B.C. and I.T.A. seeking similar publicity for accidents in the home as was being given to road accidents;

(iii) to invite voluntary bodies to give talks to suitable groups on the subject of home accident prevention;

(iv) to ask the Gas and Electricity Boards and the local rating authorities to disseminate information on the subject through their demand notes and by display of posters;

(v) to ask the Health Committee of the County Council to consider calling a similar conference annually, to discuss in turn different aspects of home accident prevention.

Details have been provided of cases treated during the year at the Jenny Lind and Norfolk and Norwich Hospitals and these have been summarised below. The figures in brackets are those for 1957:—

	Jenny Lind	Norfolk and Norwich
Injuries to limbs and body ...	103 (205)	161 (175)
Cuts ... ..	130 (200)	53 (64)
Burns and scalds ... ..	97 (108)	20 (36)
Poisoning ... ..	34 (41)	— (—)
Foreign body ... ..	30 (41)	— (4)
Miscellaneous ... ..	1 (34)	— (—)
	<hr/> 395 (629) <hr/>	<hr/> 234 (279) <hr/>

The Jenny Lind Hospital deals with boys under 11 and girls under 12 years of age, whilst the Norfolk and Norwich Hospital treats the older patients. 38% of the cases treated at the Norfolk and Norwich Hospital were over 60 years of age.

The fall of one-third in the total number of cases treated at the Jenny Lind Hospital, which occurred mainly in the categories “injuries to limbs and body” and “cuts,” is particularly interesting and encourages the hope that parents are taking more effective measures to prevent accidents to their children.

## VENEREAL DISEASE.

A number of cases have arisen requiring the help of the Council's staff under the follow-up scheme for ascertaining sources of infection. Without exception, the requests have originated from U.S.A.F. medical officers.

Returns received from the treatment centres at Norwich and King's Lynn show that 272 new Norfolk cases attended during the year as follows:—

Syphilis ... ..	18 (16)
Gonorrhoea ... ..	50 (59)
Other conditions ... ..	204 (194)
	<hr/> 272 (269) <hr/>

*(Figures in brackets are those for 1957.)*

Dr. H. L. Rogerson, venereologist at the Norwich centre, reports in respect of East Norfolk:—

“The numbers of new cases of syphilis and gonorrhoea were almost unchanged from the previous year.

The numbers of new cases of non-gonococcal urethritis were the same as in the previous year.

There has been in the Press a hint that gonococci resistant to Penicillin are appearing. It has been the custom for some years here to use Streptomycin for the treatment of gonorrhoea. The efficacy of Streptomycin is about the same as that of Penicillin. We have not experienced any resistance to treatment here yet.

It is most important that all patients who have a urethral discharge have a slide taken of the discharge before treatment is given.



It is still recommended that all pregnant women who have been treated for acquired syphilis in the past should have a course of treatment during subsequent pregnancies."

Dr. N. A. Ross, venereologist at the King's Lynn centre, reports in respect of West Norfolk:—

"New cases of venereal disease in the North-West Norfolk area who attended the clinics during 1958 were:—

10 cases of syphilis, 18 gonorrhoea and 57 other diseases or no infection. Analysis of these cases shows:—

Syphilis—1 Female secondary.

5 Central nervous system.

4 Late testing cases.

From the public health point of view, only the first of these concerns us. It is to be noted that the infection was acquired at Southampton and therefore no fresh syphilitic infection was acquired by the residents of the area during 1958 period.

Regarding gonorrhoea, again the statistics are misleading. 8 female cases, although giving Norfolk addresses, were not really natives of Norfolk but newcomers to the district and infected by U.S. Servicemen. 2 female cases were natives of Norfolk and resident in the area. Nevertheless since their postal addresses given are in West Norfolk, the statistics become unnecessarily high for the area. 8 male cases were natives of Norfolk, making a total of 18 cases.

Under the heading "other conditions" there were no cases of chancroid, but there were 28 cases of non-specific urethritis. As you know, the aetiology of this condition is doubtful and very varied, but the bulk of these were acquired after promiscuous exposure.

I must pay tribute to the health visitors of the Norfolk County Council for their co-operation in tracing contacts and in interviewing defaulters from treatment. Great tact and patience was obviously exercised by your staff, since, on no occasion, was there any complaint from patients about their visits."

## PROVISION OF NURSING EQUIPMENT.

The Norfolk branches of the British Red Cross Society and St. John Ambulance Brigade provide nursing equipment on loan, as agents of the County Council. The demand for these facilities continues to increase and the 136 depots throughout the county provided equipment for 3,152 patients.

Authority was given for the purchase by the Council of a hydraulic hoist, but the appliance was not delivered until 1959.

## RECUPERATIVE HOMES.

9 cases were provided with periods of recuperative convalescence at voluntary homes.

## X. HOME HELP SERVICE.

This service remains a great boon to many aged, sick and infirm cases who would otherwise suffer much hardship in their own homes or require accommodation at infinitely greater cost in hospitals or old people's homes. The tendency for the service to expand has continued and has followed

the familiar pattern of previous years, with an ever-increasing number of sick and aged receiving assistance. 81.5% of the cases assisted in 1958 were in the sick and old age category, utilising 89% of the total service provided.

Cases assisted during the past three years are as follows:—

			1956	1957	1958
Maternity	...	...	106	108	108
Children without mothers	...	...	16	12	10
Post-operative	...	...	15	16	15
Sick and old age	...	...	795	838	851
Blind	...	...	44	45	50
Tuberculosis	...	...	11	13	10
			<hr/> 987 <hr/>	<hr/> 1,032 <hr/>	<hr/> 1,044 <hr/>

Each household is required to contribute towards the cost of the service in accordance with their financial circumstances, subject to a minimum charge of 10s. per week. The National Assistance Board provides attendance allowances to enable householders eligible for National Assistance to meet this charge.

Home helps employed at the end of each of the last three years were as follows:—

			1956	1957	1958
Whole-time	...	...	2	1	1
Part-time	...	...	13	13	8
Occasional	...	...	373	392	407
			<hr/> 388 <hr/>	<hr/> 406 <hr/>	<hr/> 416 <hr/>

The appointment of an assistant home help organiser, stationed at King's Lynn and serving the western part of the county, has helped the service to work smoothly despite the continuous expansion. The home help organiser and her assistant are responsible for the general administration of the scheme, the supervision of home helps, the investigation of special cases referred from the local health areas, and arrangements for problem families.

The day-to-day working of the scheme is carried out in the nine local health offices, the Council's local welfare officers being responsible for the field work.

The home help service is being used, wherever possible, to assist problem families. These require much more assistance than the routine cases and a three-day training course for 12 specially selected home helps was therefore arranged in conjunction with the Education Committee. The course included lectures, demonstrations and practical work and a certificate was presented to each home help at the conclusion.

The table on page 35 shows the number of cases assisted, and the duration of assistance provided, during 1958.



TABLE 3.

## HOME HELP SERVICE.

SUMMARY OF THE DURATION OF CASES ASSISTED DURING THE PERIOD 1ST JANUARY TO 31ST DECEMBER, 1958

Type of case.	Cases assisted up to												Hours of service provided.	Percentage of total service.	Total cases assisted.			
	Weeks.				Months.													
	1	2	3	4	2	3	4	5	6	7	8	9				10	11	12
Maternity ...	8	48	49	3	—	—	—	—	—	—	—	—	—	—	—	5,144	1.87	108
Children without mothers ...	—	—	1	1	2	1	1	—	1	—	—	—	1	—	2	3,315	1.21	10
Post-operative ...	1	—	2	2	3	1	1	—	—	1	—	—	—	—	4	2,810	1.02	15
Sick and Old Age ...	21	34	24	50	53	40	24	28	38	31	41	33	50	55	329	244,153	89.00	851
Blind ...	1	2	1	1	3	3	1	4	3	3	1	1	—	8	23	14,925	5.44	50
Tuberculosis ...	—	—	—	—	1	—	—	—	—	1	1	1	—	1	5	3,995	1.46	10
Totals ...	31	84	77	57	62	45	27	32	42	36	48	35	51	59	363	274,342	100.00	1,044

## XI. MENTAL HEALTH.

The year was one of steady progress in the provision by the Council of training for mental defectives. The introduction of the Mental Health Bill, following the lines of the Royal Commission's report, was noted with interest. The proposals in the Bill provide for the extension of local health authorities' domiciliary services, the object being to assist patients in the community to the greatest possible extent. This will, of necessity, involve considerable additional expenditure by local health authorities and it is to be hoped that some special grant will be made, although expansion must evolve over some years, as the planning and siting of the necessary hostels, industrial centres and other establishments will require most careful consideration.

### ADMINISTRATION.

The administration continued as in previous years. Monthly meetings of the Mental Health Sub-Committee were held.

#### STAFF.

##### *Appointments*

Miss T. Byles,  
Assistant Supervisor, King's  
Lynn Occupation Centre.

Mrs. H. Evetts,  
Second Assistant, King's  
Lynn Occupation Centre.

Mrs. R. A. M. Hawker,  
Assistant Supervisor, Sprows-  
ton Occupation Centre.

Mrs. N. Snutch,  
Home Teacher for Mentally  
Handicapped.

##### *Resignations*

Miss M. E. Knight,  
Second Assistant, King's  
Lynn Occupation Centre.

Mrs. A. Fiske,  
Assistant Supervisor, Sprows-  
ton Occupation Centre.

The following medical officers are approved for the giving of certificates under the Mental Deficiency Acts:—

Dr. K. F. Alford  
Dr. G. L. Ashford  
Dr. A. Gillie

Dr. Anne K. Gillie  
Dr. A. E. Lorenzen  
Dr. J. V. Morris

Dr. A. G. Scott

#### TRAINING OF STAFF.

##### (a) *Mental Illness.*

Selected welfare officers and the mental health worker attended weekly lectures and case demonstrations given at St. Andrew's Hospital. The Medical Superintendent also invited the Council's medical and lay staff to meetings at the hospital for the purpose of discussing the report of the Royal Commission.

Three local welfare officers attended a one-week study course, organised by the National Association of Mental Health and held in London, to consider the report and its implications for local health authorities.



(b) *Mental Deficiency.*

A one-day course for local welfare officers was held at Little Plumstead Mental Deficiency Hospital under arrangements made with Dr. J. V. Morris, Medical Superintendent. The first part of the day was devoted to a talk by Dr. Morris on the future work of mental deficiency hospitals. Demonstrations were then given on the care of low-grade children and in the afternoon a Brains Trust was held, questions being submitted on all aspects of mental deficiency and on the probable effects of the report of the Royal Commission on the various services.

Miss T. Byles, Assistant Supervisor at King's Lynn Occupation Centre, attended a refresher course for occupation centre staffs organised by the National Association for Mental Health.

ACCOUNT OF WORK UNDERTAKEN IN THE COMMUNITY.

(a) *Care and After-Care.*

The very close liaison which exists between the hospitals and the local health authority enables the Council to follow up patients who need advice, assistance and guidance. This not only applies to cases being discharged from hospital, but also to patients who are seen at out-patient clinics or are referred by general practitioners. During the year nearly 500 cases were referred by the hospitals for after-care visits and the Council's local welfare officers and mental health worker paid 2,286 visits. The officers concerned are able to advise on all social services available to the community and, following their training at the mental hospitals, are able to offer suitable advice over a wide range of subjects, including finance, housing, employment, pensions, marital difficulties, etc. A number of problems have arisen with the wives of Service men who are of non-European extraction and who are faced with many difficulties when settling in another community. One case in particular gave the local welfare officer a great deal of work and has challenged his initiative. Arrangements had to be made for interpreters, and a search was made for fellow-countrymen who could lend some support to the patient. Tribute must be paid to the very willing and ready co-operation which was given by various persons in this and other cases when the problems involved were brought to their notice.

In addition to the general advisory service, the Norwich area Psychiatric Social Club continued to meet weekly and a very varied and interesting programme of both social and educational value was arranged. The success of this club has been so marked that a further club, for patients in West Norfolk, was opened at King's Lynn in February. The numbers attending the latter club have been small, but the assistance given to the members has undoubtedly been of great value. As the area is some 45 miles from the nearest mental hospital, discharged patients do feel a sense of isolation and the club offers an opportunity for them to talk to an experienced officer and to share their problems with other people. Considerable support is thus afforded and is, perhaps, best shown in the case of one lady who, with a rather unfortunate home background, was in danger of a complete breakdown which has been averted by the social contacts made and the encouragement given through the club meetings. Patients are now attending clubs before their final discharge from hospital and this acts as a preliminary step to re-entering the community. With the co-operation of the hospital authorities, one such patient who had been in hospital for 16 years and who attended the Norwich area club was found part-time employment. She proved satisfactory and is now almost full-time and will live in at her employment as soon as accommodation is available. She comes to the club



regularly and the mental health worker gives such advice and assistance as is indicated; it is anticipated that the patient will be able to take her discharge from the hospital in the near future. This case shows the value of club attendance whilst still an in-patient, and it is hoped to develop these arrangements more extensively in the future.

Under the Government's scheme for the revision of the grant system, it was necessary to anticipate possible developments in future years and in this connection the Mental Health Sub-Committee agreed that it was desirable to anticipate the possible need for a hostel for discharged patients. Provision was therefore made in the forward estimates for possible development along these lines in the coming years. A very great deal of investigation and careful planning will be needed to ensure the best use of any hostel which may be decided upon and this will be the subject of report in future years.

The area conferences which are held periodically to discuss the prevention of the break-up of families and problem families generally, discuss many cases with psychiatric aspects. The health visitors, district nurses, children's officers and welfare officers attending help to ensure that any early signs of mental illness are brought to notice and are referred to the appropriate specialist.

In the course of the past few years, regular clinics for cases who present problems in the community have been established at the Council's Local Health Office, Norwich, with Dr. J. V. Morris as the Consultant Psychiatrist. These clinics are mainly concerned with mental deficiency cases, but psychopaths and other abnormal persons who are giving concern in the community are also seen at the request of general practitioners, the National Assistance Board, the Ministry of Labour, the Children's Officer and other social workers. 18 clinics were held and 47 cases were seen during the year. The appropriate social worker attends to explain the difficulties arising, being accompanied wherever possible by a member of the family. Clinics of this nature, which have been developed following the need for an advisory service, are envisaged in the report of the Royal Commission. As Dr. Morris is also Consultant Psychiatrist to the Education Department's child guidance clinics, there is a close link between the two services, and as child guidance clinics play a large part in the prevention of mental illness there is great value in the two services coming under the direction of the same psychiatrist.

(b) *Under the Lunacy and Mental Treatment Acts, 1890-1930.*

The arrangements previously reported, whereby the Council's local welfare officers, as duly authorised officers, carry out the Council's duties under these Acts, have continued. Wherever possible, case discussions take place between the welfare officer and the medical superintendent of the mental hospital concerned and, in every case dealt with, a social history is prepared. These social history reports are helpful to the hospital medical staff as they afford a background knowledge of the social circumstances, much of which can only be known by an officer in an area over the course of many years. Information is thus afforded to the hospital which is not always brought to light by the relatives.

Senile dementia cases have continued to be admitted to the Vale Hospital, Swainsthorpe, without certification, and similar arrangements to those which have existed in Norfolk for some years are envisaged in the report of the Royal Commission. Last year mention was made of the introduction by the Medical Superintendent of a system of admissions and discharges on the basis of "6 weeks in and 6 weeks out." Whilst this is not appropriate to all cases,



it has been used quite extensively and has worked reasonably well. There is, unfortunately, always a lengthy waiting list for this hospital, and the new system has helped to ensure that the available beds are used for the greatest possible number of patients.

(c) *Under the Mental Deficiency Acts, 1913-1938.*

(i) *Ascertainment.* The ascertainment of cases is carried out by the Council's medical staff and the principal source has continued to be notification under the Education Act, 1944. Cases are also referred by courts, probation officers, social workers, etc. The adult clinics, mentioned earlier, enable detailed psychological reports to be obtained in borderline cases and assist greatly in the Council's duty as an ascertaining authority.

(ii) *Supervision.* The practice of placing new cases under friendly supervision has continued, whilst, in addition, 19 cases under statutory supervision were reviewed and re-classified to friendly supervision. This practice, which has been in operation in this county for some years, is in line with the recommendations of the Royal Commission. As all effective supervision depends on the acceptance by the family of the Council's officer, it is obviously essential to be able to explain that the visits are of a friendly nature with a view to ensuring the welfare of the defective.

Arrangements have continued for children excluded from school, who were unable to attend occupation centres, to be provided with medical care by the Council's staff, and extra nourishment was provided where appropriate.

During the year, greater difficulty was experienced in finding employment for fresh cases. This was probably due to some increase in unemployment in the county. The Council's welfare officers work in close contact with the youth employment officers in making every endeavour to ensure that suitable employment is obtained.

(iii) *Accommodation and Waiting List.* The shortage of accommodation for low-grade patients has continued to give great cause for concern. The Health Committee decided during the year to approach the Minister of Health on the problem and to express the hope that some early action would be taken to ease the position. With 100 cases on the waiting list, some of whom have been waiting for over 5 years, the problem in the home of a low-grade child cannot be over-emphasised. The Minister has assured the Committee that positive action is being taken by the Regional Hospital Board to provide additional beds, some of which it is hoped will become available in 1959.

Towards the end of the year, Dr. J. V. Morris, Medical Superintendent, Little Plumstead Hospital, found it necessary to curtail the number of beds granted for the temporary admission of patients and this has again caused great concern. It has been possible in the past to afford considerable relief to parents of low-grade children, who have been on the waiting list for some years, by relieving them of the care of their child for two or three weeks whilst they were on holiday. In the future, it would appear that many cases could remain out of hospital if a system of short-term care was an inherent part of the Regional Hospital Board's arrangements, and it is hoped that in the coming year special provision will be made for this type of case.

Of outstanding interest was the action by the Minister of Health in following up the recommendations of the Royal Commission and advising the responsible authorities that there was no legal reason why suitable patients should not be admitted to mental deficiency hospitals on an informal basis.



The medical staff of Little Plumstead Hospital very quickly reviewed the majority of cases in the hospital and the Council's officers assisted by submitting reports on home conditions wherever this was required. By the end of the year, nearly 500 Norfolk cases had been discharged from Order and, with one or two exceptions, all the patients remained at the hospital on an informal basis.

(iv) *Guardianship.* The Minister's ruling also applied to guardianship cases and the opportunity was taken of reviewing every case in the county. Medical and social reports were considered and, of the 16 cases reviewed, the Mental Health Sub-Committee recommended the discharge of 9 patients. Taking into account other variations, there were, at the end of the year, only 9 cases under guardianship.

(v) *Training of Defectives*

(a) *Occupation Centres.* The development of the Council's mental deficiency training service was further reviewed during the year, particularly following the receipt of a letter from the Minister of Health whose observations were based on the reports of his Inspectors. The Committee have continued their previous policy of giving priority in the first instance to the needs of children up to the age of 18 years. In the Norwich area, there has for some time been a waiting list for children to attend the Sprowston centre and, in order to meet the need, the Committee agreed to build an additional classroom at this centre. At the end of the year, plans were well advanced and it is hoped it will be possible to occupy the new classroom in 1959. During the year, an estimate was accepted for the building of a new centre at Attleborough. Provision was also included in the estimates for the purchase of a site for a further centre in North Norfolk. At the end of the year, efforts were being made to obtain a suitable site or, alternatively, to ascertain if any suitable property in the area was available for conversion.

It is anticipated that when the Council has provided these two additional centres some 90% of the children suitable for occupation centres will be catered for. The question will then arise as to whether the remaining 10% can be helped at all by home teaching, or whether a residential centre should be provided. The transport to the existing centres already involves an annual mileage of 118,114 and the extension of the service will greatly increase this, so that the possibility of providing a residential centre is one which must be considered from an economic point of view. In making this reference to the transport of children, tribute should be paid to the drivers and escorts of the cars who, over the past 8 years, have conveyed the children to the centres without any major incident arising.

"Open Days" and sales of handwork were held at the Sprowston and King's Lynn centres at Christmas time and both were very successful. The staff at both centres organised efforts in aid of the children's outing and Christmas party funds. At Sprowston, the annual whist drive was held, which was well supported by parents and friends, whilst at King's Lynn centre a new effort was made this year in arranging a "Bring and Buy" sale. The interest taken by the parents exceeded all expectations and gifts were almost overwhelming. It is interesting to note that over £19 was raised, whereas the supervisor only anticipated a small affair with, perhaps, £4-£5 being raised. These events are, of course, indicative of the very great appreciation which the parents have for the work done at the occupation centres and the care and interest shown in their children.



During the year, two children in attendance at occupation centres were de-notified. It is of interest to record that, in both cases, this was after investigation by the Council's medical staff and subsequent referral to the Great Ormond Street Hospital, where a degree of deafness was discovered. The Education Committee subsequently arranged for both children to attend special schools for the deaf and it is to be hoped that the children will be able to respond to this type of education. One of the cases in question reflects the greatest credit on the home teacher concerned as the child was almost unmanageable when first granted a place at a day centre, but the teacher obtained the girl's confidence and was able to bring out many qualities which had previously remained hidden.

(b) *Home Teaching—Day Occupation Centres.* In the last report it was observed that, whilst it was desirable to hold the occasional day centres weekly, it was impracticable to do so until additional staff was available. During the year, the appointment of an additional home teacher was authorised. The new officer took up her appointment in September and, as a result, it was possible to re-organise the county into three, instead of two, areas for home teaching and day occupation centre purposes, thus enabling the centres to be held on a weekly basis and for home teaching visits to be slightly more frequent.

There was a further development in regard to day occupation centres when authority was given for the hire of transport for some of the children attending the Attleborough and Cromer day centres, thus relieving the home teacher of excessive transport and enabling more children to attend.

The home teaching arrangements continued to provide a most welcome service and, during the year, some £293 was received for the materials provided after the goods were sold. Any amount above the cost of the materials is retained by the defective, who is thus given some incentive and encouragement.

(c) *Care of Low-Grade Children.* It is impossible for very low-grade children to attend the existing occupation centres and the number in any one area is too small to warrant the establishment of a special centre. The Council's scheme for the provision of home attendants has therefore continued and is provided free, affording relief to the parents and enabling the mother to undertake shopping and other personal matters with the assurance that during her absence the child is being well looked after by an experienced home attendant.

(d) *Training of Adult Defectives.* The plans of the Norfolk and Norwich Society for Mentally Handicapped Children to open an industrial centre in Norwich to cater for both city and county cases came to fruition at the beginning of the year. A converted church hall was brought into use and the Norwich City Council allocated one of the staff of their occupation centre to act as supervisor. The centre has accommodation for males only and, at the end of the year, 10 were in attendance from the city and 7 from the county. All those attending are first interviewed and approved by a selection panel. The two authorities agreed to guarantee a total grant of £1,000 to the Society and to pay the cost of the mid-day meals provided, over and above the amount contributed by the boys (1s. per day). Medical examinations are provided without charge to the Society by the medical officer of health for the city. Both authorities have appointed representatives to serve on the management committee of the centre.



The centre has proved an unqualified success, which is very largely due to the supervisor's enthusiasm and capable management. A number of firms in Norwich have allocated work of a routine nature, and an extensive scheme for the making of seed trays and boxes has also been developed. The cutting and chopping of firewood and the making of concrete blocks is extensively undertaken, and the whole spirit of the building is one of happiness, usefulness and industry. Tribute must be paid to the Society for the outstanding effort which has been made to provide this centre to serve both authorities.

The parents of all suitable cases in the area around Norwich were interviewed before the centre opened, as to whether they wished their sons to attend. It was found that where the defective had never attended an occupation centre he had become settled in his ways and the value of the training and occupation at the industrial centre was not apparently appreciated. It seems that the provision of training facilities for older defectives is a logical follow-on of attendance at an occupation centre as the parents of defectives in this group were only too anxious for their sons to attend.

The question of the provision of additional industrial centres in the county is one which will need consideration in the coming years and it would appear that the need will be particularly for those who become too old for normal occupation centres and who should pass automatically to an industrial centre. The pioneer effort of the Society has shown that the mentally handicapped are able to follow productive employment in sheltered conditions and are so much happier in being able to undertake some worthwhile work.

MENTAL HEALTH STATISTICS AT 31ST DECEMBER, 1958

(For the purpose of comparison, the figures at 31st December, 1957, are shown in brackets.)

1. MENTAL PATIENTS.

(a) Admissions during the year.

Name of hospital.	Certified.		Voluntary.		Temporary.		Totals.	
	M.	F.	M.	F.	M.	F.	M.	F.
St. Andrew's Hospital, Thorpe ...	22(19)	32(26)	216(210)	364(308)	-(1)	1(1)	238(230)	397(335)
Hellesdon Hospital ...	12(11)	12(19)	124(112)	182(183)	-(1)	1(-)	136(124)	195(202)
Other hospitals ...	- (-)	- (1)	7 (8)	8 (8)	-(-)	-(-)	7 (8)	8 (9)
Totals ...	34(30)	44(46)	347 (330)	554(499)	-(2)	2(1)	381(362)	600(546)
Uncertified senile dementia cases admitted to The Vale Hospital, Swainsthorpe ...							33 (28)	29 (33)
TOTAL ADMISSIONS ...							414(390)	629(579)
GRAND TOTAL ...							1043 (969)	

(b) Admissions under Section 20 and Section 21 of the Lunacy, Act, 1890 ... M. 20 (23) F. 35 (60)

(c) Discharged patients referred by the hospitals during the year for after-care ... 468(606)



2. MENTAL DEFECTIVES.

(a) Cases in hospitals.

Name of Hospital.	Male.	Female.	Total.
Little Plumstead Hospital and ancillaries			
(i) On an informal basis ...	210 (—)	251 (—)	461 (—)
(ii) Detained under Order ...	52(269)	44(308)	96(577)
Totals ...	262(269)	295(308)	557(577)
Other Mental Deficiency Hospitals			
(i) On an informal basis ...	11 (—)	8 (—)	19 (—)
(ii) Detained under Order ...	34 (46)	20 (30)	54 (76)
Totals ...	45 (46)	28 (30)	73 (76)
GRAND TOTALS ...	307(315)	323(338)	630(653)

(b) Cases in community.

	Male.	Female.	Total.
Number of cases under statutory supervision			
(i) Under 16 years of age ...	94(113)	75 (80)	169(193)
(ii) 16 years of age and over ...	277(269)	210(216)	487(485)
Totals ...	371(382)	285(296)	656(678)
Number of cases under friendly supervision ...	178(151)	125 (95)	303(246)
Number of cases under guardianship ...	2 (6)	7 (14)	9 (20)
In county homes or other establishments	32 (33)	59 (50)	91 (83)
GRAND TOTALS ...	583(572)	476(455)	1059(1027)

TOTAL cases in county—(a) and (b) ... 1689 (1680)

Rate per thousand based on Registrar-General's  
estimate of population of the county—Mid 1958:  
387,300 ... 4.36

(c) *Number of new cases reported during the year.*

	Male.	Female.	Total.
(i) Notified by Education Committee under Section 57(3) of Education Act, 1944 ... ..	6 (6)	4 (5)	10 (11)
(ii) Notified by Education Committee under Section 57(5) of Education Act, 1944 ... ..	29 (28)	27 (30)	56 (58)
(iii) Other cases reported and ascertained ... ..	11 (25)	7 (10)	18 (35)
(iv) Number of cases reported but not yet dealt with ... ..	8 (7)	5 (11)	13 (18)
Totals ...	54 (66)	43 (56)	97(122)

(d) *Certified cases admitted permanently to institutions during the year.*

Name of Institution.	Male.	Female.	Total.
Little Plumstead Hospital and ancillaries			
(i) Informal ... ..	16 (—)	17 (—)	33 (—)
(ii) Under Order ... ..	5 (17)	4 (8)	9 (25)
Others			
(i) Informal ... ..	— (—)	— (—)	— (—)
(ii) Under Order ... ..	— (—)	— (1)	— (1)
Totals ...	21 (17)	21 (9)	42 (26)

(e) *Admissions for temporary care under Circular 5/52.*

	Male	Female	Total
To Regional Hospital Board establishments			
(i) For one day ... ..	13 (12)	10 (31)	23 (43)
(ii) For longer periods ... ..	42 (45)	41 (41)	83 (86)
Other establishments ... ..	3 (—)	— (—)	3 (—)
Totals ...	58 (57)	51 (72)	109(129)



(f) *Receiving Training.*

		Male	Female	Total
(i) At occupation centres	...	45 (43)	35 (32)	80 (75)
(ii) Under home teachers				
(1) At Home	...	42 (45)	77 (83)	119 (128)
(2) At day occupation centres	...	29 (30)	25 (22)	54 (52)
(iii) At industrial centre	...	6 (—)	— (—)	6 (—)
Totals	...	122 (118)	137 (137)	259 (255)

(g) *Number of mental defectives on waiting list for admission to an institution.*

		Male.	Female.	Total.
URGENT CASES.				
Idiots	...	8 (9)	7 (9)	15 (18)
Imbeciles	...	16 (18)	15 (12)	31 (30)
Feeble-minded	...	7 (8)	— (4)	7 (12)
		31 (35)	22 (25)	53 (60)
NOT SO URGENT.				
Idiots	...	7 (7)	5 (4)	12 (11)
Imbeciles	...	12 (9)	8 (8)	20 (17)
Feeble-minded	...	9 (6)	6 (6)	15 (12)
		28 (22)	19 (18)	47 (40)
GRAND TOTALS	...	59 (57)	41 (43)	100 (100)

## XII. NATIONAL ASSISTANCE ACT, 1948.

Responsibility for welfare schemes for the blind and partially sighted, deaf, dumb, and substantially and permanently handicapped persons, approved by the Ministry of Health under Sections 29 and 30 of this Act, has been delegated to the Health Committee by the County Council.

### WELFARE OF THE BLIND.

#### REGISTRATION.

During the year, 181 persons were examined and, of these, 124 (68.6%) were certified as blind. The causes of blindness, with numbers for whom treatment was recommended, were as follows:—

		Certified	Treatment received before certification	Treatment recommended
Myopic error	...	8	—	—
Optic atrophy	...	5	—	—
Macular changes	...	24	1	—
Diabetes	...	5	—	—
Glaucoma	...	16	9	—
Cataract	...	32	9	23
Others	...	34	9	4
		124	28	27

Ministry of Health Form B.D.8 was completed in all cases and, of those certified as blind, 107 (86.3%) were over 65 years of age. This percentage is the highest ever recorded.

# FOLLOW-UP OF REGISTERED BLIND AND PARTIALLY SIGHTED PERSONS.

	Cause of disability.							
	Cataract		Glaucoma		Retrolental fibroplasia		Others	
	B.	P.S.	B.	P.S.	B.	P.S.	B.	P.S.
(i) Number of cases registered during the year recommended for :								
(a) No treatment ...	18	5	16	2	—	—	54	15
(b) Treatment (medical, surgical or optical) ...	23	6	—	2	—	—	13	7
(ii) Number of cases at (i) (b) above, which on follow-up action have received treatment ...	4	—	—	—	—	—	4	1

## CASES ON REGISTER.

At the 31st December, 1958, there were 896 registered blind persons in the county as follows:—

Age group	Males		Females		Total	
1—4 ...	2	(1)	3	(4)	5	(5)
5—15 ...	9	(6)	6	(6)	15	(12)
16—20 ...	3	(8)	1	(1)	4	(9)
21—39 ...	21	(21)	27	(28)	48	(49)
40—49 ...	27	(24)	17	(19)	44	(43)
50—64 ...	80	(80)	61	(68)	141	(148)
65—69 ...	35	(37)	47	(44)	82	(81)
70—79 ...	109	} (214)	144	} (339)	253	} (553)
80—84 ...	53		78		131	
85—89 ...	41		63		104	
90 and over ...	17		52		69	
	<hr/> 397 (391)		<hr/> 499 (509)		<hr/> 896 (900)	

(1957 figures given in brackets.)

10 children certified as blind were attending residential special schools, 1 was at an ordinary school for the time being and 4 were ineducable.

## EMPLOYMENT.

237 of the registered blind were in the normal employment age range, but many were either not available for employment, being married women, or were not capable of following an occupation for health reasons. The Council has continued the agency arrangements with the Placement Service of the Royal National Institute for the Blind for the provision of assistance in obtaining employment for suitable blind persons, and there is the closest co-operation between the Council, the Placement Service and the Ministry of Labour and National Service.



16 men and 2 women were employed in sheltered workshops at the Norwich Institution for the Blind at the end of 1958. 2 women machine knitters left, and 1 man commenced as a mat maker during the year.

8 men were employed as home workers, but the only woman, a machine knitter, ceased employment because of ill-health.

35 other persons were engaged on various forms of employment outside the sheltered workshops' and home workers' schemes.

#### HOME TEACHING AND VISITING.

There were a number of changes in the home teaching staff during the year, two leaving and three new home teachers being appointed. These changes have meant that the services of an additional home teacher did not become available until late in the year. The areas have been revised so that the average case load for each home teacher is 150 blind persons, almost double the number recommended by the Ministry of Health for rural areas.

The home teachers act as almoners for various charity pensions, in addition to their normal duties.

Every effort is made to encourage all capable but unemployable blind to learn handicrafts and/or to read embossed literature, the necessary instruction being provided by the home teachers. The Council makes available, at cost price, the various handicraft materials required, and sales are arranged to facilitate the disposal of the finished articles.

The handicraft class at Downham Market has been held throughout the year and a similar class was started in King's Lynn in November. These classes, held fortnightly, are very popular with those able to attend, and further classes are being formed.

The five social centres at Diss, Fakenham, King's Lynn, North Walsham and Norwich met monthly. Much assistance has been provided by voluntary workers and car owners, without whom many would be unable to attend the centres, either through age and infirmity, or absence of public transport.

The Council has continued to maintain and distribute wireless sets supplied by the British Wireless for the Blind Fund. An increasing number of V.H.F. sets is now becoming available and these are being placed in the areas of poor reception.

Grants were paid by the Council to the National Library for the Blind in respect of 68 Norfolk blind persons and, through the Education Committee, annual charges of 10s. per person were paid to the talking book machine library to cover postages.

Three home teachers acted as escorts to a number of deaf/blind and blind persons who stayed for one week at Great Yarmouth. This was the fifth successive year in which such arrangements have been made to enable blind persons without guides to enjoy a holiday. Other blind persons were given financial assistance to enable them to spend holidays at the Isle of Ely Home at Hunstanton.

The home teachers distributed gifts and extra comforts to the more needy blind in the county from the £300 allocated by the Norwich Institution for the Blind from charitable funds, and 17 persons were provided with clothing through the W.V.S. depots.

The quarterly magazine "The Closer Link," published within the Public Health Department, has continued to be distributed through the home teachers and is eagerly awaited by the recipients.

WELFARE OF THE PARTIALLY SIGHTED.

Details of the cases on the register at 31st December, 1958, were:—

Age group.	Male.	Female.	Total.
2— 4     ...	—    (1)	—    (—)	—    (1)
5—15     ...	10   (10)	4    (5)	14   (15)
16—20    ...	6    (9)	9    (8)	15   (17)
21—49    ...	20   (15)	21   (22)	41   (37)
50—64    ...	14   (17)	20   (21)	34   (38)
65 and over	59   (67)	136 (151)	195 (218)
	<u>109 (119)</u>	<u>190 (207)</u>	<u>299 (326)</u>

All the cases on the partially sighted register were visited during the last three months of the year and, in consequence, more names were deleted from the register than is usual and this has led to a reduction in the numbers compared with the previous year, mainly in the age group 65 and over.

Occasional visits only, at six to twelve monthly intervals, are made by the home teachers unless there are any special circumstances in individual cases. One partially sighted man completed his training in a blind workshop during the year and became a worker.

WELFARE OF THE DEAF, DUMB AND HARD OF HEARING.

The number of cases on the register increased during the year by 67 and there are now 269, classified as follows:—

Age group	Deaf and/or Dumb			Hard of hearing		
	Male	Female	Total	Male	Female	Total
Under 16	6   (2)	7   (6)	13   (8)	7   (3)	1   (2)	8   (5)
16—49	41 (33)	55 (39)	96 (72)	14 (12)	17 (11)	31 (23)
50—64	22 (15)	11   (8)	33 (23)	10   (9)	7   (13)	17 (22)
65 and over	18   (9)	14 (10)	32 (19)	12 (10)	27 (20)	39 (30)
	<u>87 (59)</u>	<u>87 (63)</u>	<u>174(122)</u>	<u>43 (34)</u>	<u>52 (46)</u>	<u>95 (80)</u>

(1957 figures in brackets.)

The Council's agency agreement with the Deaf and Dumb (Norwich and Norfolk) Association for the provision of welfare services has been continued. A fully qualified missionary is employed by the Association and grants are paid on an agreed basis by the Norfolk, Norwich and Great Yarmouth authorities.

Social facilities are provided at the Norwich, Great Yarmouth and King's Lynn Institutes, the last named meeting only monthly at present.

A club for the hard of hearing has continued to meet weekly at the Association's Norwich headquarters.





## NOTIFICATIONS OF INFECTIOUS AND OTHER NOTIFIABLE DISEASES.

TABLE 4.

Disease					Number of cases notified																											Totals
					Municipal Boroughs		Urban districts											Rural districts														
					King's Lynn	Thetford	Cromer	East Dereham	Diss	Downham Market	Hunstanton	North Walsham	Sheringham	Swaffham	Wells-next-the-Sea	Wymondham	Blofield & Flegg	Depwade	Docking	Downham	Erpingham	Forehoe & Henstead	Freebridge Lynn	Loddon	Marshland	Mitford & Launditch	St. Faith's & Aylsham	Smallburgh	Swaffham	Walsingham	Wayland	
Scarlet fever	...	...	...	...	17	2	—	3	—	—	—	2	1	1	—	9	6	4	—	28	11	19	3	23	3	9	54	5	2	1	4	207
Whooping cough	..	...	...	...	—	—	1	2	—	—	—	—	—	—	—	—	13	16	2	8	—	2	—	7	11	3	9	12	4	2	4	96
Ac. Poliomyelitis	...	...	...	...	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	2	2	—	—	1	—	6	
Measles	...	...	...	...	35	—	11	33	2	2	5	110	—	2	—	29	310	61	52	30	23	156	4	157	3	31	349	230	35	60	176	1906
Diphtheria	..	...	...	...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	1
Acute Pneumonia	...	...	...	...	27	7	—	8	—	5	2	—	—	3	—	1	18	15	1	27	—	17	6	12	2	9	12	9	3	8	11	203
Dysentery	...	...	...	...	—	—	—	—	—	—	—	—	—	—	—	—	1	7	—	—	—	5	—	—	—	4	13	—	1	2	2	35
Ac. Encephalitis	...	...	...	...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1
Enteric or Typhoid Fever	...	...	...	...	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1
Paratyphoid fever	...	...	...	...	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1
Erysipelas	...	...	...	...	1	3	—	—	1	—	—	—	—	—	—	1	4	1	—	2	—	6	—	1	2	1	2	2	1	1	1	30
Meningococcal infection	...	...	...	...	2	1	1	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	5
Food poisoning	...	..	...	...	1	3	—	—	—	—	—	—	1	—	—	—	14	12	—	1	—	3	—	3	—	8	11	14	—	15	4	90
Puerperal Pyrexia	...	...	...	...	3	2	1	2	—	—	—	—	—	—	—	—	4	1	—	—	1	4	—	1	—	—	2	1	—	—	—	22
Ophthalmia neonatorum	...	...	...	...	—	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	4
Malaria	..	...	...	...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Jaundice or infective hepatitis	...	...	...	...	—	—	—	—	—	—	2	—	—	—	1	—	14	—	2	1	—	—	—	1	—	—	2	—	—	—	—	23
†Chickenpox	...	...	...	...	—	—	8	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	8
Totals	..	..	...	...	87	21	22	48	3	7	9	112	2	6	1	40	386	117	58	98	35	212	13	205	21	67	457	273	46	90	203	2639

†This disease is notifiable only in Cromer



## WELFARE OF THE PHYSICALLY HANDICAPPED — GENERAL CLASSES.

The numbers on the register at the end of the year were:—

Age Group		Male	Female	Total
16—49	...	203 (213)	118 (126)	321 (339)
50—64	...	168 (176)	100 (94)	268 (270)
65 and over		100 (88)	45 (36)	145 (124)
		<hr/> 471 (477) <hr/>	<hr/> 263 (256) <hr/>	<hr/> 734 (733) <hr/>

(1957 figures in brackets.)

Of the 734 persons on the register, 205 were capable of ordinary employment and 69 of work under sheltered conditions.

Handicraft training at home for those not capable of, or not available for, employment is provided by instructors from the Norfolk Branch of the British Red Cross Society and the Norfolk Association for the Care of the Handicapped, each organisation dealing with one half of the county. The Council pays annual grants for this service. The Education Committee also provides instructors for handicraft classes at suitable centres.

The Council gave financial assistance to enable 63 handicapped persons to attend the sixth annual holiday camp at Gorleston organised by the Norfolk Association.

St. Raphael Clubs provided social facilities in Norwich, King's Lynn, Wayland, Swaffham and Great Yarmouth, and other clubs for the handicapped are operating at Downham Market, Fakenham, East Dereham and Sheringham.

### XIII. INFECTIOUS AND OTHER DISEASES.

Notifications of infectious diseases during the year, and the distribution throughout county districts, are set out in Table 4.

The number of *measles* notifications was 1,906. There were no deaths. In the last decade this disease has exhibited a marked biennial periodicity, excepting for the years 1955 and 1956 when the incidence was low for both years. The figure for 1957, however, was high (8,338 cases), and it would appear that the biennial aspect of measles in this county is about to re-assert itself and that we may expect a high incidence in 1959.

There were 96 notifications of *whooping cough*, compared with 1,475 in 1957. This figure is by far the lowest incidence recorded in this county since whooping cough first became notifiable in 1939. The previous lowest figure was 512 in 1949. It is difficult to say to what extent the vaccination of children which has taken place in recent years has a bearing on this extremely low figure. The incidence in 1959 may help to form conclusions.

The notifications of *dysentery and food poisoning* numbered 125 compared with 168 in 1957.

There were 207 cases of *scarlet fever* compared with 160 last year.

One case of *diphtheria* was notified. No deaths have been notified from this disease since 1946.

Only 6 cases of *poliomyelitis* occurred during the year. There were no deaths. It is early to draw any conclusions with regard to the effect of the poliomyelitis vaccination scheme, but the incidence in 1958 was the lowest since the present series of high annual incidence commenced in 1947, when there were 44 cases.

The *cancer* death rate per 1,000 of the population was 1.84 and the age distribution of deaths was as follows :—

	0—	1—	5—	15—	25—	45—	65—	75—	Total
Males	—	—	—	1	12	110	128	118	369
Females	1	—	2	—	13	110	113	104	343
	—	—	—	—	—	—	—	—	—
	1	—	2	1	25	220	241	222	712
	—	—	—	—	—	—	—	—	—

The following figures show the relation of deaths from cancer of the lung and bronchus to total cancer deaths since 1953 :—

Year		Cancer death rate per 1000 population	Lung and bronchus % of all cancer deaths
1953	...	1.86	11.17
1954	...	2.12	13.03
1955	...	1.97	13.90
1956	...	1.88	17.62
1957	...	2.01	14.54
1958	...	1.84	16.71



# XIV. ENVIRONMENTAL HYGIENE.

The County Public Health Engineer reports as follows:—

## WATER SUPPLIES AND SEWERAGE.

### WATER SUPPLIES.

The development and extension of rural water supplies throughout the County continued throughout the year and the following grants were allocated by the County Council to the District Councils for the schemes indicated:—

District Council	Scheme	Estimated Capital Cost £	Equivalent Proportion of Annual Cost falling upon:		
			Ministry %	County Council %	District Council %
Depwade	Regional—Contract 19 (Revision) ...	42,419	44 $\frac{2}{3}$	27 $\frac{2}{3}$	27 $\frac{2}{3}$
	Rushall Waterworks Reorganisation ...	45,117	44	28	28
Downham	Venney Farm, Hilgay (County Council Smallholding) ...	854	Nil	33 $\frac{1}{3}$	33 $\frac{1}{3}$
			In addition to similar grant by Smallholdings Committee.		
Erpingham	Gimingham/Trimingham (Revision) ...	21,405	27	33 $\frac{1}{3}$	39 $\frac{2}{3}$
	Weybourne and Upper Sheringham ...	15,050	29 $\frac{1}{3}$	33 $\frac{1}{3}$	37 $\frac{1}{3}$
Forehoe and Henstead	Wreningham ...	15,550	41 $\frac{1}{3}$	29 $\frac{1}{3}$	29 $\frac{1}{3}$
Freebridge Lynn	Castleacre ...	12,043	22	33 $\frac{1}{3}$	44 $\frac{2}{3}$
Marshland	Second Scheme (Revision) ...	20,180	19 $\frac{1}{3}$	33 $\frac{1}{3}$	47 $\frac{1}{3}$
St. Faith's & Aylsham	Foulden and Themelthorpe (Revision) ...	16,372	12 $\frac{2}{3}$	33 $\frac{1}{3}$	54
Smallburgh	Dilham/Swanton Abbott/Worstead (Revision) ...	23,639	32	33 $\frac{1}{3}$	34 $\frac{2}{3}$
Swaffham Rural	Area "B" (Revision) ...	197,301	36 $\frac{1}{3}$	33 $\frac{1}{3}$	30 $\frac{1}{3}$
Walsingham	Hindringham (Revision) ...	7,970	16 $\frac{2}{3}$	33 $\frac{1}{3}$	50
	Sculthorpe (Revision) ...	6,558	16 $\frac{2}{3}$	33 $\frac{1}{3}$	50
	Tattersett (Revision) ...	1,859	20 $\frac{1}{3}$	33 $\frac{1}{3}$	46 $\frac{1}{3}$
	South Eastern Area ...	42,484	26	33 $\frac{1}{3}$	40 $\frac{2}{3}$

New schemes or extensions examined by the Water Supplies, Sewerage and General Public Health Sub-Committee during the year were:—

District Council	Scheme
Depwade	Tivetshall (Hales Street Extension) Scole (Upper Street—Billingford Extension). Shimpling Extension Bunwell and Carleton Rode.
Docking	Heacham—With Hunstanton Urban District Joint Scheme.
Downham	Welney (Herne Drove Extension).
Erpingham	Regional Scheme—Corpusty, Edgefield, Itteringham, Thornage, Stody, Little Bar- ningham and Wickmere. Extensions from Metton Headworks. Glandford.
Smallburgh	Area “B.”
Swaffham Rural	Extensions to General Scheme.
Walsingham	Swanton Novers Extension.
Wymondham	Suton Extension.

#### SEWERAGE AND SEWAGE DISPOSAL

During the year, the Committee allocated the following grants to the District Councils for the schemes indicated:—

District Council	Scheme	Estimated Capital Cost £	Equivalent Proportion of Animal Cost falling upon: Ministry %	County Council %	District Council %
Blofield and Flegg	Thorpe—Connections to curtilages ... ..	26,558	Nil	33 $\frac{1}{3}$	66 $\frac{2}{3}$
	South Hill Road and Hilly Plantation Extension ...	7,416	54	23	23
	Final Stage ...	52,100	30	33 $\frac{1}{3}$	36 $\frac{2}{3}$
	South Hill Road and Hilly Plantation (Revision) ...	7,416	34 $\frac{2}{3}$	32 $\frac{2}{3}$	32 $\frac{2}{3}$
Depwade	Scole Sewers Completion (Revision) ... ..	7,250	53	23 $\frac{1}{2}$	23 $\frac{1}{2}$
	Harleston Sewage Disposal Works ... ..	7,500	Nil	33 $\frac{1}{3}$	66 $\frac{2}{3}$
Erpingham	Gresham (Revision) ... ..	12,562	27 $\frac{1}{4}$	33 $\frac{1}{3}$	39 $\frac{1}{4}$
	Holt—Extension to Sewer ... ..	11,675	Nil	33 $\frac{1}{3}$	66 $\frac{2}{3}$
	Aldborough ... ..	24,115	28	33 $\frac{1}{3}$	38 $\frac{2}{3}$



District Council	Scheme	Estimated Capital Cost £	Equivalent Proportion of Animal Cost falling upon:			
			Ministry %	County Council %	District Council %	
Forehoe and Henstead	Costessey—Stage II	...	8,721	32	33 $\frac{1}{3}$	34 $\frac{2}{3}$
	Poringland—Stage I (Revision)	...	21,770	32	33 $\frac{1}{3}$	34 $\frac{2}{3}$
	Poringland—Stage II (Revision)	...	51,014	37 $\frac{1}{3}$	31 $\frac{1}{3}$	31 $\frac{1}{3}$
Swaffham Rural	Saham Toney (Revision)	...	26,485	26 $\frac{1}{4}$	26 $\frac{1}{4}$	47 $\frac{1}{2}$
	North and South Pickenham		12,437	31 $\frac{1}{3}$	33 $\frac{1}{3}$	35 $\frac{1}{3}$
	Necton ...	...	21,314	27 $\frac{2}{3}$	33 $\frac{1}{3}$	39
	Sporle—Extension to Elephant and Castle	...	4,453	29 $\frac{1}{3}$	33 $\frac{1}{3}$	37 $\frac{1}{3}$
Walsingham	Fakenham and Hempton—Stage I	...	41,325	32 $\frac{1}{3}$	33 $\frac{1}{3}$	34 $\frac{1}{3}$
Wayland	Watton (Revision)	...	68,465	37 $\frac{1}{3}$	33 $\frac{1}{3}$	29 $\frac{1}{3}$
	Watton (House Connections)	...	22,400	27 $\frac{1}{3}$	33 $\frac{1}{3}$	39 $\frac{1}{3}$
East Dereham	Toftwood	...	75,392	17 $\frac{1}{3}$	33 $\frac{1}{3}$	49 $\frac{1}{3}$

New schemes or extensions examined by the Committee during the year were:—

District Council	Scheme
Depwade	Harleston (Improvements to Sewage Disposal Works). Alburgh.
Downham	Southery.
Erpingham	Holt Extensions.
Forehoe and Henstead	Hingham (Hall Moor Extension).
St. Faith's and Aylsham	Hellesdon—Stage II.
Swaffham	Ashill Extension.

## MILK AND DAIRIES.

### SPECIFIED AREAS.

As from the 1st October, 1958, the Specified Area was extended to include the whole of the county. All necessary investigations were carried out and close co-operation maintained with the local authorities. In one instance, it was found that non-designated milk was being retailed and the dairyman was warned.

Details of samples taken during the year are given below:—

Quarter	Exami- nations	Phosphatase		Void	Methylene Blue		Void
		Satis- factory	Unsatis- factory		Satis- factory	Unsatis- factory	
First	67	31	—	—	35	1	—
Second	107	48	—	—	55	—	4
Third	120	53	—	—	60	4	3
Fourth	29	13	—	—	16	—	—
	—	—	—	—	—	—	—
Totals	323	145	—	—	166	5	7
	—	—	—	—	—	—	—

#### PASTEURISING PLANTS.

Milk is pasteurised by the H.T.S.T. method at five of the plants licensed by the County Council and by the Holder method at the other three.

Minor recommendations in connection with the working of the plants have been necessary from time to time—in two instances it has been necessary to require the improvement of the dairy approaches and the cleanliness of the premises.

In addition to unrecorded informal visits made to the pasteurising plants for various purposes, 125 detailed inspections were carried out at routine visits to these premises during the year.

The following table shows the number of milk samples taken from premises or delivery rounds of the pasteurising plants licensed by the County Council during 1958 together with the results of their examination:—

Quarter	Total	Phosphatase			Total	Methylene Blue		
		Pass	Fail	Void		Pass	Fail	Void
First ...	87	86	—	1	87	87	—	—
Second ...	95	93	—	2	95	82	3	10
Third ...	116	111	2	3	116	93	1	22
Fourth ...	85	84	—	1	85	82	3	—
	—	—	—	—	—	—	—	—
Totals	383	374	2	7	383	344	7	32
	—	—	—	—	—	—	—	—

#### STERILISED MILK.

There was only one supplier of this type of milk in the county and samples of milk have passed the prescribed test.

#### MILK IN SCHOOLS SCHEME.

During the year, all schools in the county were in receipt of bottled milk and in all save one of these the milk supply was pasteurised. Milk from the T.T. raw supply was submitted for biological examination as a precaution against brucella abortus and the result of the sample was negative.



The following table indicates the phosphatase and methylene blue sampling results over the year:—

Test		Number of examinations	Satisfactory	Unsatisfactory	Void
Methylene Blue (pasteurised milk)	...	269	250	5	14
Methylene Blue (raw milk)	...	1	1	—	—
Phosphatase (pasteurised milk)	...	271	265	3	3
Total	...	541	516	8	17

Continued liaison with the Chief Education Officer has resulted in further schools being supplied with improved methods of storage when overnight milk deliveries are made. There are still a number of schools in the county where bottles are not rinsed prior to return to the dairymen.

#### MILK SUPPLIES TO COUNTY COUNCIL ESTABLISHMENTS OTHER THAN SCHOOLS.

Milk supplies to these establishments are subjected to sampling and inspection at source and, consequently, only occasional samples are taken when visits to these establishments have been made for other purposes.

Of 10 such samples submitted during 1958, all satisfied the methylene blue test and the 7 from pasteurised supplies satisfied the phosphatase examination.

#### TUBERCULOSIS IN MILK.

During the year, 928 bulk samples from non-designated herds in the county were submitted for biological examination for tuberculosis and 5 herds were found to contain positive animals. This figure, which represents 0.6% of the 865 herds sampled, shows an appreciable decrease when compared with the figures of previous years, as shown in the following table:—

Year		Herds sampled	Herds positive	% Herds positive
1953	...	1,856	31	1.7
1954	...	1,940	39	2.0
1955	...	1,810	25	1.4
1956	...	1,786	39	2.2
1957	...	1,360	31	2.3
1958	...	865	5	0.6

This decrease is, in all probability, accounted for by the fact that the number and percentage of T.T. herds in the county had increased by the end of the year and also that the county is a free testing area under the Ministry of Agriculture, Fisheries and Food's scheme.

The number of registered dairy farms at the end of the year was 2,083, of which 1,448 were tuberculin tested. This compares with 2,251 and 1,359 respectively at the end of 1957.

#### BRUCELLA ABORTUS.

A sample from the one raw T.T. school milk supply was submitted for examination with negative results. A bulk sample submitted from a herd from which raw milk was found to be retailed in a Specified Area was found positive on examination. The whole of this supply is now sent for pasteurisation.

HOSPITAL DAIRY FARMS.

As in previous years, samples for biological and methylene blue examinations were taken from these farms at the request of the Ministry of Health as shown in the following table:—

	Methylene Blue		Tuberculosis		Brucella Abortus	
	Taken	Result	Taken	Result	Taken	Result
St. Andrew's Hospital	11	Satisfactory	4	Negative	4	Negative
Little Plumstead Hall	11	Satisfactory	3	Negative	3	Negative

NATIONAL MILK TESTING SERVICE.

The pilot sampling scheme for methylene blue examinations from non-designated herds has continued on behalf of the Ministry of Agriculture, Fisheries and Food and the results are shown in the following table:—

Month	No. of Samples		No. of Failures	% of Failures
January	...	23	4	17.4
February	...	54	6	11.1
March	...	44	5	11.4
April	...	34	11	32.4
May	...	46	10	21.8
June	...	54	23	42.6
July	...	49	26	53.1
August	...	60	33	55.0
September	...	72	30	41.6
October	...	46	9	19.6
November	...	29	4	13.8
December	...	22	1	4.5
Total	...	533	162	30.4

FOOD AND DRUGS ACT, 1955.

One distributor was severely cautioned because of the presence of foil caps in a bottle of milk and this same distributor was successfully prosecuted by the local authority under the Milk and Dairies Regulations, 1949, for the delivery of school milk in dirty bottles.

Of 234 samples of school milk submitted to the Chief Inspector of Weights and Measures during 1958 for gerber testing, 8 proved not genuine.

ICE CREAM.

The following table shows the number of samples taken during the year, predominantly in the summer months, and examined in accordance with the Ministry of Health's provisional grading scheme by the methylene blue reduction test. The standard is generally satisfactory:—

Grade	1958	1957	1956	1955	1954
I (Satisfactory)	401	174	255	105	115
II (Satisfactory)	78	83	30	27	13
III (Doubtful)	23	8	3	4	3
IV (Unsatisfactory)	—	2	2	4	1
	502	267	290	140	132

Most of the ice cream sold in the county is pre-packed and manufactured at large ice cream factories where the standard of hygiene is known to be very high.



## HOUSING AND SANITARY COMPLAINTS.

The following gives details of complaints received and investigated, the majority relating to housing matters:—

### Housing—

Tuberculosis cases	...	...	...	...	10
Overcrowding	...	...	...	...	4
Old or registered blind persons requiring ground floor accommodation	...	...	...	...	10
Insanitary premises	...	...	...	...	2
Defective premises	...	...	...	...	5
					— 31
Refuse	...	...	...	...	3
Drainage	...	...	...	...	6
Nuisance by animals	...	...	...	...	1
					— 41

## NEW HOUSING.

The following table shows the number of new permanent dwellings completed in the post-war period and during the current year, and is taken from the quarterly Housing Returns of the Ministry of Housing and Local Government:—

*Total permanent dwellings completed in 1958 and total completed to date in the post-war period (i.e., from 1st April, 1945) for the Administrative County of Norfolk.*

Housing Authority Area	Housing Authorities and Housing Associations.		Private Builders		Totals	
	During 1958	Total to 31/12/58	During 1958	Total to 31/12/58	During 1958	To 31/12/58
<b>MUNICIPAL BOROUGHs—</b>						
King's Lynn ...	151	1,633	39	320	190	1,953
Thetford ...	16	304	15	65	31	369
<b>URBAN DISTRICTS—</b>						
Cromer ...	4	148	18	75	22	223
Diss ...	—	234	10	67	10	301
Downham Market ...	—	137	7	40	7	177
East Dereham ...	—	389	26	168	26	557
Hunstanton ...	—	149	26	130	26	279
North Walsham ...	—	296	9	113	9	409
Sheringham ...	—	129	4	88	4	217
Swaffham ...	—	224	1	54	1	278
Wells-next-the-Sea ...	—	128	1	26	1	154
Wymondham ...	5	334	18	132	23	466
<b>RURAL DISTRICTS—</b>						
Blofield & Flegg ...	39	680	193	1,642	232	2,322
Depwade ...	—	838	41	259	41	1,097
Docking ...	6	464	38	268	44	732
Downham ...	36	744	33	300	69	1,044
Erpingham ...	—	592	21	317	21	909
Forehoe & Henstead ...	16	779	119	1,161	135	1,940
Freebridge Lynn ...	4	476	42	313	46	789
Loddon ...	17	530	21	221	38	751
Marshland ...	38	552	72	402	110	954
Mitford & Launditch ...	6	518	20	212	26	730
St. Faith's & Aylsham ...	31	1,062	540	2,759	571	3,821
Smallburgh ...	4	620	40	314	44	934
Swaffham ...	4	668	32	174	36	842
Walsingham ...	35	667	24	231	59	898
Wayland ...	—	633	39	265	39	898
<b>TOTALS ...</b>	<b>412</b>	<b>13,928</b>	<b>1,449</b>	<b>10,116</b>	<b>1,861</b>	<b>24,044</b>

INFANT METHAEMOGLOBINAEMIA.

The policy of examining water supplies from wells used for infant feeding to determine their nitrate content was continued. To save expense, the bulk of the examinations were carried out in the office and, generally speaking, it was necessary to submit to the public analyst only those borderline specimens requiring more detailed examination.

Where existing supplies were considered unsatisfactory for infant feeding, necessary investigations were made and parents advised to use nearby satisfactory alternative supplies for their infants' needs.

The following table illustrates the work done:—

Number of initial samples submitted by District Nurses	...	...	...	...	680
Number of examinations carried out in County Public Health Engineer's Office	...	...	...	...	786
Number of samples sent to Public Analyst for a more detailed examination	...	...	...	...	170
Number of children cyanosed	...	...	...	...	1*
Number of supplies classified as satisfactory	...	...	...	...	372
Number of supplies classified as unsatisfactory	...	...	...	...	308

\* This artificially fed infant recovered after hospital treatment.

FOOD INSPECTION.

The number of inspections carried out at school canteens during 1958 was 226, and 40 inspections were completed at other County Council establishments. As a result, various quantities of sundry commodities were found to be unfit for human consumption. Where applicable, suitable action was taken with the suppliers concerned and liaison maintained with the appropriate local authorities. Excellent co operation from the head teachers and persons having charge of canteen establishments has been maintained and considerable progress has been made towards meeting the requirements of the Food Hygiene Regulations.

DISEASES OF ANIMALS (WASTE FOODS) ORDER, 1957.

Visits and investigations resulted in 71 licences being issued to pig-keepers in the county during 1958.

XV. MISCELLANEOUS.

REGISTRATION OF NURSING HOMES.

	Number of Homes	Number of beds provided for:— Maternity	Others	Totals
Homes first registered during year ...	1	—	12	12
Homes on the register at the end of year	21	27	311	338

LABORATORY FACILITIES.

The Medical Research Council provides facilities at the Public Health Laboratory, Norwich, for the examination of specimens submitted by general medical practitioners for the diagnosis of infectious diseases, together with a smaller number sent by the Council's medical staff in connection with the prevention and control of infectious diseases and examination of staff.



The Norwich laboratory examined the following samples submitted by the Public Health Engineer's staff of the County Council and by the public health inspectors of the county district councils:—

*Samples submitted by the County Public Health Engineer's staff.*

Milk (biological examination) ...	...	944
Milk (methylene blue examination) ...	...	851
Milk (phosphatase examination) ...	...	806

*Samples submitted by district public health inspectors.*

Ice cream (methylene blue examination) ...	418
Water (bacteriological examination) ...	2,011

Other samples, which were submitted by the County Public Health Engineer's staff, were examined by the Public Analyst as follows:—

*Water samples—chemical examination.*

Maternity and child welfare—nitrates ...	170
County Home ...	1

*Water samples—bacteriological examination.*

County Home ...	2
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*Liquid milk supplies.*

Turbidity test ...	1
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Other examinations ...	6
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MEDICAL EXAMINATIONS.

The following examinations were made by the medical staff of the Health Department:—

- 289 examinations for superannuation purposes.
- 31 examinations of candidates for entry to the Norfolk Fire Service.
- 159 examinations of candidates for teachers' training colleges and entrants to the teaching profession, under the terms of Ministry of Education circulars 248 and 249.
- 110 examinations of school canteen workers (non-superannuable).

In addition, medical advice was given in cases of County Council employees, who were no longer considered capable of discharging their duties and on whose behalf application was made for early retirement on pension.







